



**NNY Gamblers Junior 'A' Hockey Team
Billeting Application**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone number: _____

Number of children at home and ages: _____

List of animals in the home: _____

Are there smokers in the home? Yes _____ No _____

How many players are you interested in billeting? _____

Why do you want to billet a NNY Gambler? _____

Please mail the completed application to:

GM/Coach Bill Plante
c/o NNY Gamblers Jr. 'A' Hockey Team
32 Clarkson Ave.
Massena, NY 13662