Purcellville Cannons Baseball 2016 Host Family Application



Name:				
Spouse:				
Physical Address:				
Mailing Address (if different):				
Contact Phone number(s):				
Primary Email:				
Other email (if any):				
Children/Other Household Membe	ers in Residence (P	lease include ages of chi	ldren):	
1)	Age:	2)	Age:	
3)	Age:	4)	Age:	
Others:				
Type of Household Pets (some players	have allergies):			
Number of players you prefer to house	e:			
(We may need to have multiple players live to live with, or near other players who do.)		proximity to another player. So	ome players will not have cars and will need	
Return completed form to: Purcellville Ca	annons - Housing, PO I	BOX 114, Purcellville, VA 2013.	2 or email housing@purcellvillecannons.com	
Abbie Roberts				

Abbie Roberts

Housing Coordinator
(540) 454-4548

housing@purcellvillecannons.com



To be used by Housing Coordinator:	
Date Received:	
Host Family Confirmed /Approved:	
Assigned Player(s)	