



Purcellville Cannons

Host Family Application

NAME: _____

SPOUSE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PHONE: _____

PRIMARY EMAIL: _____

CHILDREN/OTHER HOUSEHOLD MEMBERS IN RESIDENCE (PLEASE INCLUDE CHILDREN):

1) _____ AGE: _____ 2) _____ AGE: _____

3) _____ AGE: _____ 4) _____ AGE: _____

OTHERS: _____

TYPE OF HOUSEHOLD PETS (SOME PLAYERS HAVE ALLERGIES): _____

NUMBER OF PLAYERS YOU PREFER TO HOUSE: _____

(WE MAY NEED TO HAVE MULTIPLE PLAYERS LIVE TOGETHER OR IN CLOSE PROXIMITY TO ANOTHER PLAYER. SOME PLAYERS WILL NOT HAVE VEHICLES AND WILL NEED TO LIVE WITH, OR NEAR OTHER PLAYERS THAT DO)

PLEASE RETURN COMPLETED FROM BY MAIL OR BY EMAIL:

PURCELLVILLE CANNONS

P.O. BOX 114

PURCELLVILLE, VA 20134

(OR)

PURCELLVILLECANNONS@GMAIL.COM