

Billet Family Program

**Checklist:**

* Home Check - Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Background Check - Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Safe Sport Training - Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Form of Payment Billet accepts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Venmo name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Player Medical Insurance Card
* Name of Player 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of Player 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_