



BILLET APPLICATION FORM:

Name: _____

Address: _____

Phone: (H) _____ (C) _____

Occupation/Work Place of all guardians in the house:

Names & Ages of others present in the house:

Pets _____

Smokers in the house? _____

Why do you want to be a billet family; _____

Contact Information of 2 References:

Please send the completed form to:

Pege Peters – 131 Route 750, Valley Road, NB E3L 4T3

Or E-Mail: pegejoe@gmail.com

466-4545 or 467-1877