

15: QUARTERLY SCHEDULE

Month/Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
April	AM																																
	PM																																
May	AM																																
	PM																																
June	AM																																
	PM																																

- R Residence
- X Primary Training Venue
- Y Secondary Training Venue
- Z Workplace
- TC Training Camp
- A1/A2 Temporary Residence (s)
- B1/B2 Other Activity Venues
- E Competition
- T Traveling time

I acknowledge that this form may be shared with the World Anti-Doping Agency and other relevant authorities as specified in the World Anti-Doping Code on the condition that the information is used for doping control purposes only.
 I recognize that failure to provide accurate and adequate information on my location may result in investigation and sanctions imposed by my governing body of sport.

Athlete signature: _____