

**ATHLETE LOCATION FORM**

**Quarterly Update: July – September 2003**

In order to assist both the ( IF ) and the World Anti-Doping Agency (WADA) with Out-of-Competition doping control you are required to complete this form detailing your whereabouts for the next quarter.

This information is to be forwarded by June 1<sup>st</sup> to ( NF and/or IF ) by e-mail, fax or mail.

(  fax no)

(  e-mail)

(  postal address)

Please type or print legibly in block letters and be as accurate and thorough as possible. Before completing this form please consult the accompanying instructions.

**Personal Information**

**1. NAME:**

\_\_\_\_\_

SURNAME

GIVEN NAMES

**2. ATHLETE PASSPORT IDENTIFICATION NUMBER:**

\_\_\_\_\_

**3. DATE OF BIRTH:**

\_\_\_\_\_

DAY

MONTH

YEAR

**4. SEX:**

Male / Female

**5. NATIONALITY:**

\_\_\_\_\_

**6.  RESIDENTIAL ADDRESS (R)**

\_\_\_\_\_

NO

STREET

TOWN/CITY

STATE/PROVINCE

POST CODE

COUNTRY



TEL NO (LANDLINE)



TEL NO (MOBILE)

**7.  MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)**

\_\_\_\_\_

NO

STREET

TOWN/CITY

STATE/PROVINCE

POST CODE

COUNTRY

**8.  E-MAIL ADDRESS:**

\_\_\_\_\_

**9. NATIONAL FEDERATION:**

\_\_\_\_\_

**10. MEMBERSHIP NUMBER: (IF APPLICABLE)**

\_\_\_\_\_

**11. DISCIPLINE/CLASS/TEAM:**

\_\_\_\_\_

**Location Details/Schedule**  

**12.  PRIMARY TRAINING LOCATION (X)**

FACILITY NAME: \_\_\_\_\_  
 FACILITY ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 NO STREET TOWN/CITY STATE/PROVINCE

\_\_\_\_\_  
 POST CODE COUNTRY  TEL NO

DAILY SCHEDULE (INSERT TIMES)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

**13.  SECONDARY TRAINING LOCATION (Y)**

FACILITY NAME: \_\_\_\_\_  
 FACILITY ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
 NO STREET TOWN/CITY STATE/PROVINCE

\_\_\_\_\_  
 POST CODE COUNTRY  TEL NO

DAILY SCHEDULE (INSERT TIMES)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

**14. WORK/STUDY SCHEDULE (Z)**

DAILY SCHEDULE (INSERT TIMES)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							


**15.  ADDITIONAL TEMPORARY ADDRESSES (A1/A2)**

**A1. TEMPORARY RESIDENCE ADDRESS**

\_\_\_\_\_  
 NO STREET

\_\_\_\_\_  
 TOWN/CITY STATE/PROVINCE

\_\_\_\_\_  
 POST CODE COUNTRY


 TEL NUMBER \_\_\_\_\_

**A2. TEMPORARY RESIDENCE ADDRESS**

\_\_\_\_\_  
 NO STREET

\_\_\_\_\_  
 TOWN/CITY STATE/PROVINCE

\_\_\_\_\_  
 POST CODE COUNTRY

 TEL NUMBER \_\_\_\_\_

**16. TRAINING CAMPS (TC)**

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ORGANISER NAME		START DATE	END DATE		
NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY	

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ORGANISER NAME		START DATE	END DATE		
NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY	

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ORGANISER NAME		START DATE	END DATE		
NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY	

**17. COMPETITION SCHEDULE (E)**

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NAME OF COMPETITION		START DATE	END DATE		
NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY	

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NAME OF COMPETITION		START DATE	END DATE		
NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY	

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NAME OF COMPETITION		START DATE	END DATE		
NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY	