

W2: Training Camp/Competition Details: July - December 2003

TO BE COMPLETED BY A REPRESENTATIVE OF THE NATIONAL FEDERATION/TEAM (PERFORMANCE DIRECTOR, COACH, TEAM MANAGER, ETC).

Return **one** of these forms for **every** competition or camp in which your athletes will be involved during this period. The form should be returned to your International Federation by June 20th, 2003. Please read the accompanying 'Instructions for Completion of Team Whereabouts Forms' before filling out this form.

1. Country/National Federation _____

2. Sport/Discipline _____

3. Name and position of person completing form _____

4. Corresponding number on National Team Training Program Form
(INSERT NUMBER INDICATED ON OVERVIEW OF 6-MONTHLY SCHEDULE – EVENT 1, 2, 3, ETC)

5. Camp/Competition name _____

6. Camp/Competition address _____
(INSERT FULL ADDRESS)

7. Athlete gender M / F
(HIGHLIGHT ONE OR BOTH)

8. Athlete age range Between and

9. Name and Position of contact person at venue _____
(THIS IS THE PERSON DOPING CONTROL OFFICERS WILL CONTACT UPON ARRIVAL)

10. Contact telephone number _____
(OF THE PERSON NAMED ABOVE)

11. Hotel name

(NAME OF ATHLETES' ACCOMMODATION VENUE)

12. Hotel address

(GIVE THE FULL ADDRESS OF THE ABOVE)

13. Date of athlete arrival _____ / _____ / _____

14. Time of athlete arrival

15. Date of athlete departure _____ / _____ / _____

16. Time of athlete departure

17. Daily Schedule

(INSERT NAME OF ACTIVITY (EG. REGISTRATION, LUNCH, SEMINARS, OUTDOOR TRAINING) AND TIME OF ACTIVITY. FOR COMPETITIONS, ATTACH COMPETITION SCHEDULE. SEE ATTACHED INSTRUCTIONS FOR GUIDANCE)

Activity/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

18. Athlete list

Please attach a name list of all athletes attending the above camp or competition. Include dates of birth if possible, and indicate any variations in arrival and departure days for individual athletes.

19. Date _____

This form should be returned to: [\(INSERT IF CONTACT DETAILS: POSTAL, FAX AND E-MAIL CO-ORDINATES\)](#)