

Athlete Name: _____

ATHLETE CHANGE OF INFORMATION FORM
PLEASE READ THE ATHLETE CHANGE OF INFORMATION FORM
INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Personal Information (MUST BE COMPLETED)

- 1. NAME:** _____
SURNAME GIVEN NAMES
- 2. DATE OF BIRTH:** _____
DAY MONTH YEAR
- 3. ATHLETE PASSPORT NUMBER:** _____
- 4. NATIONALITY:** _____

Location/Schedule Updates (CHANGED DETAILS ONLY)

5.  NEW PERMANENT RESIDENTIAL ADDRESS (R)

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY TEL NUMBER (LANDLINE) TEL NUMBER (MOBILE)

6.  NEW MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY

7.  NEW E-MAIL ADDRESS _____

8.  CHANGED ADDRESS/TIMES FOR PRIMARY TRAINING VENUE (X)

FACILITY NAME: _____
FACILITY ADDRESS: _____

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY TEL NUMBER

Athlete Name: _____

DAILY SCHEDULE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

9.  CHANGED ADDRESS/TIMES FOR SECONDARY TRAINING VENUE (Y)

FACILITY NAME: _____

FACILITY ADDRESS:

NO STREET TOWN/CITY STATE/PROVINCE

POST CODE COUNTRY TEL NUMBER

DAILY SCHEDULE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

10. CHANGED WORK SCHEDULE (Z)

DAILY SCHEDULE

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

11.  ADDITIONAL TEMPORARY RESIDENTIAL ADDRESSES (A1....)

NUMBER	STREET	TOWN/CITY	STATE/PROVINCE
POST CODE		COUNTRY	TEL NUMBER
FROM	DAY MONTH YEAR	TO	DAY MONTH YEAR

12. UPDATES TO TRAINING CAMP SCHEDULE (TC)

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

Athlete Name: _____

13. UPDATES TO COMPETITION SCHEDULE (E)

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

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

14. CHANGES TO 3-MONTHLY PLAN

PLEASE OUTLINE ANY OTHER CHANGES TO 3-MONTHLY PLAN

15. ADDITIONAL INFORMATION

ADDITIONAL INFORMATION ATTACHED? YES / NO

PAGES: _____

16. SIGNATURE

I acknowledge that ATHLETE CHANGE OF INFORMATION 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 be used for doping control purposes only.

I recognize that failure to provide accurate and adequate information may result in investigation and sanctions imposed by my governing body of sport.

Date: _____

Signature: _____