

**WHEREABOUTS INFORMATION FORM**

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Please fill in the Form (2 pages) legibly in capital letters and return to:

IAAF,
17, rue Princesse Florestine
BP359, MC 98007 Monaco Cedex

E-mail: whereabouts@iaaf.org
Fax: +377.93.10.88.05

Warning! A failure to submit your whereabouts information to the IAAF upon request, or a failure to submit adequate whereabouts information, shall result in an evaluation for a missed test. Three missed tests in any period of 18 consecutive months shall result in an anti-doping rule violation under IAAF Rules.

ATHLETE INFORMATION

First Name	Gender	Nationality
Last Name	Event	
Current Address	Postal Code	Town
	Country	
Phone (international code/number)	E-mail address	
Alternative contact person	Phone	

REGULAR TRAINING INFORMATION**X1 - Regular Training Place 1**

Name of Regular Training Place (Facility)			
Address	Postal Code	Town	Country

Training Times (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

X2 - Regular Training Place 2

Name of Regular Training Place 2 (Facility)			
Address	Postal Code	Town	Country

Training Times (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



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First Name	Last Name	Nationality	Date
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TEMPORARY TRAINING INFORMATION

A	B	C
Please indicate the dates you will be at the temporary training place below with an A in the Quarterly Schedule	Please indicate the dates you will be at the temporary training place below with a B in the Quarterly Schedule	Please indicate the dates you will be at the temporary training place below with a C in the Quarterly Schedule
Dates From to	Dates From to	Dates From to
Town + country	Town + country	Town + country
Training Place/Facility (name)	Training Place/Facility (name)	Training Place/Facility (name)
Address	Address	Address
Training Times From to From to	Training Times From to From to	Training Times From to From to
Rest Day(s)	Rest Day(s)	Rest Day(s)
Accommodation (name)	Accommodation (name)	Accommodation (name)
Address	Address	Address

E. COMPETITION PLANNING

Town/Country	Date (from-to)	Town/Country	Date (from-to)
Town/Country	Date (from-to)	Town/Country	Date (from-to)
Town/Country	Date (from-to)	Town/Country	Date (from-to)

QUARTERLY SCHEDULE

Important! You must now fill in every day of the Quarterly Schedule below using the letters indicated as follows:

X1 = Training Place 1; X2 = Training Place 2; A,B,C = Temporary Training; E = Competition; T = Travel; V = Vacation.

Month	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	

I agree that the information contained in this Whereabouts Information Form may be shared with any of the IAAF's authorized out-of-competition collection agencies (including the WADA) on the condition that it is used for doping control purposes only.

ATHLETE'S SIGNATURE _____ Signature is necessary for form to be considered complete.