

**18: QUARTERLY PLANNING – 3 month 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)
- E Competition
- T Traveling time

**20: ADDITIONAL INFORMATION**

Additional information attached: YES / NO

NO OF PAGES: \_\_\_\_\_

**21. ATHLETE SIGNATURE**

I acknowledge that this ATHLETE LOCATION 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 on my location may result in investigation and sanctions imposed by the International Softball Federation.

Date: \_\_\_\_\_

Athlete signature: \_\_\_\_\_