

ATHLETE LOCATION FORM**Quarterly Update: April – June 2005**

In order to assist both the International Softball Federation 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 to International Softball Federation by e-mail, fax or mail.

1900 South Park Road
Plant City, Florida 33563
Fax: 813.864.0105
info@internationalsoftball.com

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)

ORGANISER NAME		START DATE	END DATE	
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NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY
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ORGANISER NAME		START DATE	END DATE	
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NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY
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ORGANISER NAME		START DATE	END DATE	
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NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY
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17. COMPETITION SCHEDULE (E)

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