

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 the International Softball Federation.

Date: _____

Signature: _____