



Please fill in the form using capital letter and send to address of **International mountaineering and climbing federation**

LOCATION FORM

UNANNOUNCED/OUT-OF-COMPETITION DOPING CONTROL PROGRAMME

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ATHLETE

Date: . . . god

First Name:		Last Name:		Nationality:	
Gender:	Date of birth: . . . god		Sport / team role:		
Club / Team:			Sport association:		
Test pool: <input type="checkbox"/> National <input type="checkbox"/> International		International sport association:			
Actual Living Address:					
Postal code:		Town, country:			
Phone (area code/number):			Mobile phone (area code/number):		
e-mail:			Fax (area code/number):		
Alternate Contact:	First and Last Name:				
	Phone (area code/number):				

PERMANENT TRAINING SCHEDULE

A1. Training Place 1

Name of Regular Training Place (Facility): _____

Phone:

Training Time (from-to)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	-	-	-	-	-	-	-
PM	-	-	-	-	-	-	-

Periods when you train according to the above mentioned, should be filled in with A1 on the Training Schedule

A2. Training Place 2

Name of Regular Training Place (Facility): _____

Phone:

Training Time (from-to)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	-	-	-	-	-	-	-
PM	-	-	-	-	-	-	-

Periods when you train according to the above mentioned, should be filled in with A2 on the Training Schedule



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 e-mail: marija.andjelkovic@uiaa.ch

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Nationality: _____ First Name: _____ Last Name: _____ Date: ____ . ____ . ____ god

ATHLETE's ITINERARY INFORMATION (H: Residence address, A1,A2: Permanent training address, A,B,V,G: Temporary training address, T: Competition)

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	

A. Temporary Training Address	B. Temporary Training Address	C. Temporary Training Address	D. Temporary Training Address
_____	_____	_____	_____
_____	_____	_____	_____
Temporary Training Facility	Temporary Training Facility	Temporary Training Facility	Temporary Training Facility
_____	_____	_____	_____
_____	_____	_____	_____

COMPETITION SCHEDULE

T. Competition	Town	Country	Date(From-)	Date(-To)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____