



**AIBA - International Boxing Association
Out-of-Competition Program - Athletes Change of
Whereabouts Information**

Athlete Change of information:

Last Name: _____ First Name: _____

Nationality: _____ Birth date: _____

PLEASE ONLY FILL IN NEW/CHANGED INFORMATION

Residential Address:

Street: _____

Postal code: _____ Town: _____ Country: _____

Phone (home): _____ Fax: _____

Mobile phone: _____ Email: _____

Mailing address (if different):

Primary Training Place (e.g. Gymn, training facility - with full address/phone number):

Daily Schedule:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Secondary Training location (e.g. Gymn, training facility - with full address/phone number):

Daily Schedule:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							



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I (the athlete) - please select the appropriate box

1) Will provide my whereabouts information directly to AIBA

or

2) authorize my National Boxing Federation to provide my whereabouts info to AIBA

or

3) confirm that I provide w/a info to my National Anti-Doping Org. And authorize
the NADO to make this info available to AIBA

Date & Signature of the Athlete:

National Boxing Federation information:

Address/Phone/Fax/email: _____

Responsible person at the National Boxing Federation:

Last Name: _____ First Name: _____

Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Responsible Coach/Manager:

Last Name: _____ First Name: _____

Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____



Athletes Whereabouts information (continued)

Work / study schedule - with details of address/location/ etc.

Daily Schedule:

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

Other Residential address _____

Street _____ Town/City/State _____

Postal code _____ Country _____

Phone (home) _____ Fax _____

Training Camps (TC)

Organizer Name: _____

Exact address : _____

Country: _____ Phone: _____

Start date: _____ End date: _____

Other Training Camps (TC)

Organizer Name: _____

Exact address : _____

Country: _____ Phone: _____

Start date: _____ End date: _____



Athletes Whereabouts information (continued)

Other Training Camps (TC)

Organizer Name: _____

Exact address : _____

Country: _____ Phone: _____

Start date: _____ End date: _____

Competition

Name of competition: _____

Exact address : _____

Country: _____ Phone: _____

Start date: _____ End date: _____

Other Competition

Name of competition: _____

Exact address : _____

Country: _____ Phone: _____

Start date: _____ End date: _____

Boxer Signature:

Name in Capitals: _____

Date: _____

FEBRUARY 2009

Athletes daily whereabouts information

Last name _____ First name _____ Nationality _____

Date/Month	Activity (Regular training, training camp,	Place	address, phone	1-hour time-slot
01.02.2009				
02.02.2009				
03.02.2009				
04.02.2009				
05.02.2009				
06.02.2009				
07.02.2009				
08.02.2009				
09.02.2009				
10.02.2009				
11.02.2009				
12.02.2009				
13.02.2009				
14.02.2009				
15.02.2009				
16.02.2009				
17.02.2009				
18.02.2009				
19.02.2009				
20.02.2009				
21.02.2009				
22.02.2009				
23.02.2009				
24.02.2009				
25.02.2009				
26.02.2009				
27.02.2009				
28.02.2009				

Indicate time and locations which are more likely for testing (select the appropriate box below)

- Home
 Training Camp
 Gym
 Other(s) _____

MARCH 2009

Athletes daily whereabouts information

Last name _____ First name _____ Nationality _____

Date/Month	Activity (Regular training, training camp, competition,	Place	address, phone	1-hour time-slot
01.03.2009				
02.03.2009				
03.03.2009				
04.03.2009				
05.03.2009				
06.03.2009				
07.03.2009				
08.03.2009				
09.03.2009				
10.03.2009				
11.03.2009				
12.03.2009				
13.03.2009				
14.03.2009				
15.03.2009				
16.03.2009				
17.03.2009				
18.03.2009				
19.03.2009				
20.03.2009				
21.03.2009				
22.03.2009				
23.03.2009				
24.03.2009				
25.03.2009				
26.03.2009				
27.03.2009				
28.03.2009				
29.03.2009				
30.03.2009				
31.03.2009				

Indicate time and locations which are more likely for testing (select the appropriate box below)

- Home
 Training Camp
 Gym
 Other(s) _____

APRIL 2009

Athletes daily whereabouts information

Last name _____ First name _____ Nationality _____

Date/Month	Activity (Regular training, training camp, competition, home, etc.)	Place	address, phone	1-hour time-slot
01.04.2009				
02.04.2009				
03.04.2009				
04.04.2009				
05.04.2009				
06.04.2009				
07.04.2009				
08.04.2009				
09.04.2009				
10.04.2009				
11.04.2009				
12.04.2009				
13.04.2009				
14.04.2009				
15.04.2009				
16.04.2009				
17.04.2009				
18.04.2009				
19.04.2009				
20.04.2009				
21.04.2009				
22.04.2009				
23.04.2009				
24.04.2009				
25.04.2009				
26.04.2009				
27.04.2009				
28.04.2009				
29.04.2009				
30.04.2009				

Indicate time and locations which are more likely for testing (select the appropriate box below)

- Home
 Training Camp
 Gym

MAY 2009

Athletes daily whereabouts information

Last name _____ First name _____ Nationality _____

Date/Month	Activity (Regular training, training camp, competition,	Place	address, phone	1-hour time-slot
01.05.2009				
02.05.2009				
03.05.2009				
04.05.2009				
05.05.2009				
06.05.2009				
07.05.2009				
08.05.2009				
09.05.2009				
10.05.2009				
11.05.2009				
12.05.2009				
13.05.2009				
14.05.2009				
15.05.2009				
16.05.2009				
17.05.2009				
18.05.2009				
19.05.2009				
20.05.2009				
21.05.2009				
22.05.2009				
23.05.2009				
24.05.2009				
25.05.2009				
26.05.2009				
27.05.2009				
28.05.2009				
29.05.2009				
30.05.2009				
31.05.2009				

Indicate time and locations which are more likely for testing (select the appropriate box below)

Home Training Camp Gym _____

JUNE 2009

Athletes daily whereabouts information

Last name _____ First name _____ Nationality _____

Date/Month	Activity (Regular training, training camp, competition,	Place	address, phone	1-hour time-slot
01.06.2009				
02.06.2009				
03.06.2009				
04.06.2009				
05.06.2009				
06.06.2009				
07.06.2009				
08.06.2009				
09.06.2009				
10.06.2009				
11.06.2009				
12.06.2009				
13.06.2009				
14.06.2009				
15.06.2009				
16.06.2009				
17.06.2009				
18.06.2009				
19.06.2009				
20.06.2009				
21.06.2009				
22.06.2009				
23.06.2009				
24.06.2009				
25.06.2009				
26.06.2009				
27.06.2009				
28.06.2009				
29.06.2009				
30.06.2009				

Indicate time and locations which are more likely for testing (select the appropriate box below)

Home Training Camp Gym _____

