



# International Boxing Association

Athlete Name: \_\_\_\_\_

## ATHLETE LOCATION FORM

Quarterly Update: July – September 2008

In order to assist both the International Boxing Association (AIBA) 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 by June 15<sup>th</sup>, 2008 to AIBA (International Boxing Association) by e-mail, fax or mail.

(☎ fax : +41-21 321 27 72)

(✉ e-mail : [doping@aiba.org](mailto:doping@aiba.org))

(📧 postal address :)

AIBA – International Boxing Association  
Anne Bloch (Anti-Doping Administrator)  
MSI, Avenue de Rhodanie 54  
1007 Lausanne  
Switzerland

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: \_\_\_\_\_



# International Boxing Association

Athlete Name: \_\_\_\_\_

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



# International Boxing Association

Athlete Name: \_\_\_\_\_

## 16. TRAINING CAMPS (TC)

ORGANISER NAME	START DATE	END DATE

NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY

ORGANISER NAME	START DATE	END DATE

NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY

ORGANISER NAME	START DATE	END DATE

NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY

## 17. COMPETITION SCHEDULE (E)

NAME OF COMPETITION	START DATE	END DATE

NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY

NAME OF COMPETITION	START DATE	END DATE

NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY

NAME OF COMPETITION	START DATE	END DATE

NUMBER	STREET	TOWN/CITY	STATE/PROVINCE	COUNTRY

Boxer Signature:

\_\_\_\_\_

**18: QUARTERLY 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	
July	AM																																
	PM																																
August	AM																																
	PM																																
September	AM																																
	PM																																

- R Residence
- X Primary Training Venue
- Y Secondary Training Venue
- Z Workplace
- TC Training Camp
- A1/A2 Temporary Residence (s)
- B1/B2 Other Activity Venues
- E Competition
- T Traveling time

I acknowledge that this 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 is 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 my governing body of sport.

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