**Mailing Address**

Apt.#/buzzer. Address

Same as residential address

City

Province/State

Postal/Zip Code

Country

## IMPORTANT: Athletes are responsible for submitting complete, accurate and timely whereabouts information. Keep a record of your sent whereabouts information (e.g., fax receipt).

For instructions on the use of this form, please see page 5.

**Please submit this form to the Canadian Centre for Ethics in Sport by June 30, 2024.**

## Fax: 1-800-710-CCES

Email: [whereabouts@cces.ca](mailto:whereabouts@cces.ca)

201-2723 Lancaster Rd. Ottawa, Ontario K1B 0B1

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Contact Information** | |  | | | | | | |
|  | Last Name | | Middle Name |  | First Name |  |  | |  |
|  |  | |  |  |  |  |  | |  |
|  | Sport | | Discipline |  | Disability |  | Modifications required to doping control process | |  |
|  |  | |  |  |  |  |  | |  |
|  | Nationality | | Date of Birth (d/m/y) |  | Gender |  | Email | |  |
|  |  | |  |  |  |  |  | |  |
|  | Telephone (Home) | | Telephone (Work) |  | Telephone (Mobile) |  |  | |  |
|  |  | |  |  |  |  |  | |  |
|  |  | |  |  |  |  |  | |  |
|  | **Residential Address (R)** | |  |  |  |  |  | |  |
|  | Apt.#/buzzer Address | | City | Province/State |  |  | Postal/Zip Code Country | |  |
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**Primary Training Location (X1)**

Facility Name

Not applicable (provide a reason below)

Address

City

Province/State/Country

Day

Schedule

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

AM

PM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| e.g., 9:00-11:00 |  |  |  |  |  |  |  |
| e.g., 2:00-4:00 |  |  |  |  |  |  |  |

# Secondary Training Location (X2)

Facility Name

Address

City

Province/State/Country

Day

Schedule

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

AM

PM

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| --- | --- | --- | --- | --- | --- | --- | --- |
| e.g., 9:00-11:00 |  |  |  |  |  |  |  |
| e.g., 2:00-4:00 |  |  |  |  |  |  |  |

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| **Competition and Training Camp Schedule (E)** | Not applicable (provide a reason below) |  | | |
| Name | City | Province/State | Country |  |
| E1 |  |  |  |  |
| E2 |  |  |  |  |
| E3 |  |  |  |  |
| E4 |  |  |  |  |

**Other Regular Activity (Z1)**

Activity (e.g., work, school)

Address

City

Province/State/Country

Day

Schedule

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

AM

PM

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| --- | --- | --- | --- | --- | --- | --- | --- |
| e.g., 9:00-11:00 |  |  |  |  |  |  |  |
| e.g., 2:00-4:00 |  |  |  |  |  |  |  |

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**Temporary Address (A2)** Residence OR Training

**Temporary Address (A1)**

Residence

OR

Training

Description (if residence) or Facility Name (if training location)

Apt.#/buzzer

Address

City

Province/State

Postal/Zip Code

Country

Description (if residence) or Facility Name (if training location)

Apt.#/buzzer

Address

City

Province/State

Postal/Zip Code

Country

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| **July 2024** | | | | | | | | | | | | | | | | | |
| **Sunday** | | | **Monday** | | | | **Tuesday** | | **Wednesday** | | | **Thursday** | | **Friday** | | **Saturday** | |
|  Enter location codes (e.g., R, X1) | | | | | | | | | | | | | | | | | |
|  Enter 60-minute time slot (e.g., 8:00-9:00 a.m.) | | | | | | | | | | | | | | | | | |
|  Enter location code for 60-minute time slot (e.g., X1) | | | | | | | | | | | | | | | | | |
|  | | **1** | |  | | **2** | |  | | **3** |  | **4** |  | **5** |  | **6** |  |
|  | |  | |  |  |  |  |
|  | |  | |  |  |  |  |
| **7** |  | **8** | |  | | **9** | |  | | **10** |  | **11** |  | **12** |  | **13** |  |
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| **14** |  | **15** | |  | | **16** | |  | | **17** |  | **18** |  | **19** |  | **20** |  |
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| **21** |  | **22** | |  | | **23** | |  | | **24** |  | **25** |  | **26** |  | **27** |  |
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| **28** |  | **29** | | |  | **30** | |  | | **31** |  |  | | | | | |
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| **August 2024** | | | | | | | | | | | | | |
| **Sunday** | | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | |
|  | | | | | | | | **1** |  | **2** |  | **3** |  |
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| **4** |  | **5** |  | **6** |  | **7** |  | **8** |  | **9** |  | **10** |  |
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| **11** |  | **12** |  | **13** |  | **14** |  | **15** |  | **16** |  | **17** |  |
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| **18** |  | **19** |  | **20** |  | **21** |  | **22** |  | **23** |  | **24** |  |
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| **25** |  | **26** |  | **27** |  | **28** |  | **29** |  | **30** |  | **31** |  |
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| **September 2024** | | | | | | | | | | | | | | | |
| **Sunday** | | **Monday** | | **Tuesday** | | | **Wednesday** | | **Thursday** | | **Friday** | | | **Saturday** | |
| **1** |  | **2** |  | **3** | |  | **4** |  | **5** |  | **6** | |  | **7** |  |
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| **8** |  | **9** |  | **10** | |  | **11** |  | **12** |  | **13** | |  | **14** |  |
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| **15** |  | **16** |  | **17** | |  | **18** |  | **19** |  | **20** | |  | **21** |  |
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| **22** |  | **23** |  | **24** | |  | **25** |  | **26** |  | **27** |  | | **28** |  |
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| **29** |  | **30** |  | |  | | | | | | | | | | |
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| Other relevant location information (please attach additional sheets if you need more space) |
|  |

### Athlete Location Form Instructions

CCES RTP Athletes are responsible for submitting complete, accurate and timely whereabouts information.

* Fill in, as a minimum, the Contact Information, Residential Address, Mailing Address, Primary Training Location, Competitions, Training Camp Locations and other regular activities, such as your work or school schedule.
* If any of these mandatory locations is not applicable for this quarter, check the box and provide a reason.
* Use the location codes to populate the calendar. For each day, enter the code for your regular activities that day (e.g., X1 for primary training location) in the top white box.
* RTP athletes must complete the two bottom shaded boxes for each day. Provide a 60-minute time slot in the first one, and enter the location code for the place you can be found during this time slot in the bottom box.
* For any exceptions or extra information, use the box on this page or attach additional sheets as required.

The information provided in this document will only be used for doping control purposes by the CCES, WADA, or your International Federation. Fill in as much information as you can and submit before the deadline.

Keep a record of your sent whereabouts information (e.g., fax receipt).