



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

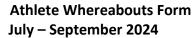
## **Contact Information**

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	s (R)												
Apt.#/buzzer Add	dress		City		Province/State		Postal/Zip Code			Country			
Mailing Address		Same	e as residential address										
				•									
Primary Training Location (X1)													
Facility Name			Address				City		Province/State		untry		
Day AM e.g	g., 9:00-11:00												
PM e.	.g., 2:00-4:00												



## Athlete Whereabouts Form July – September 2024

Secondary <sup>*</sup>	Training Location (X2)										
Facility Name	е		Address		Ci	ity		Pro	Province/State/Country		
Day	Schedule	Sunday	Monday	Tuesday	Wednesday	/ Th	nursday	Friday		Saturday	
AM	e.g., 9:00-11:00										
PM	e.g., 2:00-4:00										
Competitio	Competition and Training Camp Schedule (E)  Not applicable (provide a reason below)										
Name				City			Province/State		Country		
E1											
E2											
E3											
E4											
Other Regu	lar Activity (Z1)										
Activity (e.g.,	work, school)		Address		Ci	ity		Pro	ovince/State/Co	untry	
Day	Schedule	Sunday	Monday	Tuesday	Wednesday	/ Th	nursday	Friday		Saturday	
AM	e.g., 9:00-11:00										
PM	e.g., 2:00-4:00										
Temporary	y Address (A1)	Residence	OR Training								
Description (i	if residence) or Facility Name	(if training location)									
								-			
Apt.#/buzzer	Address	City	1	Province/State			Postal/Zip Code		Country		
Temporary Address (A2) Residence OR Training											
Description (if residence) or Facility Name (if training location)											
Ant #/huzzer	Address	City	1	Province/State			Postal/7in Code		Country		



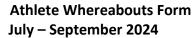


	July 2024												
	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday
2 Enter	r location codes (e.g.,	R, X1)											
2 Enter	r 60-minute time slot	(e.g., 8	3:00-9:00 a.m.)										
2 Enter	r location code for 60-	-minut	e time slot (e.g., X1)										
		1		2		3		4		5		6	
7		8		9		10		11		12		13	
14		15		16		17		18		19		20	
21		22		23		24		25		26		27	
28		29		30		31							





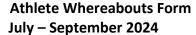
	August 2024												
	Sunday	Monday Tuesday Wednesday				Wednesday		Thursday		Friday	Saturday		
										2		3	
4		5		6		7		8		9		10	
11		12		13		14		15		16		17	
18		19		20		21		22		23		24	
25		26		27		28		29		30		31	





	September 2024												
	Sunday		Monday	Tuesday		Wednesday		Thursday		Friday		Saturday	
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											

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 CampLocations 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).