



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 March 31, 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 (R)									
Apt.#/buzzer Address	City	Province/State		Postal/Zip Code	Country				
				·					
Mailing Address			-						
	ne as residential address								
Apt.#/buzzer. Address	Citv	Province/State		Postal/Zip Code	Country				
Primary Training Location (X1) Not	applicable (provide a reason be	low)							
Facility Name	Address		City		Province/State/Country				
Day Schedule <u>Sunday</u>	Monday Tue	sday Wed	nesday Th	ursday Fric	day	Saturday			
AM e.g., 9:00-11:00									
PM e.g., 2:00-4:00									



Athlete Whereabouts Form April – June 2024

Secondar	ry Training Location	(X2)									
Facility Name	9		Address		(City		Pro	ovince/State/Co	untry	
Day	Schedule	Sunday	Monday	Tuesday	Wednesda	ay T	hursday	Friday	,	Saturday	
AM	e.g., 9:00-11:00										
PM	e.g., 2:00-4:00										
Competit	ion and Training Ca	mp Schedule (E) Not applicab	le (provide a reason	below)						
Name				City	·		Province/State		Country		
E1											
E2											
E3											
E4											
Other Re	gular Activity (Z1)										
Activity (e.g.,	work, school)		Address		City			Pro	Province/State/Country		
Day	Schedule	Sunday	Monday	Tuesday	Wednesda	ay T	hursday	Friday	•	Saturday	
AM	e.g., 9:00-11:00										
PM	e.g., 2:00-4:00										
Tempora	ry Address (A1) □] Residence	OR Training								
-	f residence) or Facility Name (
Apt.#/buzzer	Address	Cir	tv	Province/State			Postal/Zip Code	•	Country		
Tempora	Temporary Address (A2) Residence OR Training										
Description (if	Description (if residence) or Facility Name (if training location)										
Apt.#/buzzer	Address	Cir	tv	Province/State			Postal/Zip Code		Country		
					<u> </u>						



April 2024											
Sunday	Мо	nday	Tuesday		Wednesday		Thursday		Friday		Saturday
Enter location c	odes (e.g., R, X	1)									
Enter 60-minute	Enter 60-minute time slot (e.g., 8:00-9:00 a.m.)										
Enter location c	Enter location code for 60-minute 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								1	





	May 2024												
	Sunday		Monday		Tuesday		Wednesday	Thursday		Friday		Saturday	
						1		2		3		4	
5		6		7		8		9		10		11	
1:	2	13		14		15		16		17		18	
19		20		21		22		23		24		25	
20	3	27		28		29		30		31			



	June 2024											
	Sunday	Monday Tuesday 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												



Athlete Whereabouts Form April – June 2024

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).