

**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 December 31, 2019.**

Fax: 1-800-710-CCES

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

Same as residential address

Apt.#/buzzer	Address	City	Province/State	Postal/Zip Code	Country

### Primary Training Location (X1)

Not applicable (provide a reason below)

Facility Name		Address		City		Province/State/Country	

Day	Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	e.g., 9:00-11:00							
PM	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	e.g., 9:00-11:00							
PM	e.g., 2:00-4:00							

**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	e.g., 9:00-11:00							
PM	e.g., 2:00-4:00							

**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

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

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

Apt.#/buzzer	Address	City	Province/State	Postal/Zip Code	Country

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
<b>October 2019</b>													
☛ Enter location codes (e.g., R, X1)													
☛ N-RTP ONLY: Enter 60-minute time slot (e.g., 8:00-9:00 a.m.)													
☛ N-RTP ONLY: 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		31					
<b>November 2019</b>													
										1		2	
3		4		5		6		7		8		9	

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
<b>November 2019 (continued)</b>													
10		11		12		13		14		15		16	
17		18		19		20		21		22		23	
24		25		26		27		28		29		30	
<b>December 2019</b>													
Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday	
		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					

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, and Competition and Training Camp Locations.
- 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.
- Only N-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).

Update regularly throughout the quarter as more information becomes available, either by re-submitting this form, or by email to [whereabouts@cces.ca](mailto:whereabouts@cces.ca).

For more information about the Athlete Whereabouts Program, visit [www.cces.ca/whereabouts](http://www.cces.ca/whereabouts).

**Please submit this form to the Canadian Centre for Ethics in Sport by December 31, 2019.**

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