

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 September 30, 2024.

Fax: 1-800-710-CCES Email: <u>whereabouts@cces.ca</u> 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
Nationality	Date of Birth (d/m/y)	Gender	Email
Nationality Telephone (Home)	Date of Birth (d/m/y) Telephone (Work)	Gender Telephone (Mobile)	Email

Residential Address (R)

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

Mailing Address

Same as residential address

		1
		1

Primary Training Location (X1)

Not applicable (provide a reason below)

Facility Name		A	Address		City	Province/State/Co	Province/State/Country		
				 -					
Day AM	e.g., 9:00-11:00								
514	2 22 4 22								
PM	e.g., 2:00-4:00								



Secondary Training Location (X2)

Facility Name	e		Address			City		Province/State/	Province/State/Country		
Day AM	Schedule e.g., 9:00-11:00	Sunday	Monday	Tuesday	Wednesc	day 1	Thursday	Friday	Saturday		
PM	e.g., 2:00-4:00										
Competitio	on and Training Camp Sche	dule (E)	Not applicabl	le (provide a reason be	low)						
Name				City			Province/State	Country			
E1											
E2											
E3											
E4											
Other Regu	ılar 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	f residence) or Facility Na	ame (if training location)						
Apt.#/buzzer	Address		City	Province/State		Postal/Zip Code	Country	
Apt.#/buzzer	Address		City	Province/State		Postal/Zip Code	Country	
	Address Address (A2)	Residence	Citv OR	Province/State		Postal/Zip Code	Country	
Temporary		Residence	OR 🗌 Training	Province/State		Postal/Zip Code	Country	
Temporary	Address (A2)	Residence	OR 🗌 Training	Province/State		Postal/Zip Code	Country	
Temporary	Address (A2)	Residence	OR 🗌 Training	Province/State		Postal/Zip Code	Country	



Athlete Whereabouts Form October – December 2024

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



Athlete Whereabouts Form October – December 2024

	November 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							



Athlete Whereabouts Form October – December 2024

	December 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		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, 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).