



INTERNATIONAL ASSOCIATION OF ATHLETICS FEDERATIONS

**WHEREABOUTS INFORMATION FORM
APRIL - JUNE 2010**

Please fill in the Form (4 pages) legibly in capital letters and return to:

IAAF, 17, rue Princesse Florestine BP359, MC 98007 Monaco Cedex	E-mail: whereabouts@iaaf.org Fax: +377.93.10.88.05
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Warning! A failure to submit your whereabouts information to the IAAF upon request, or a failure to submit adequate whereabouts information, shall result in an evaluation for a missed test. If you are evaluated as having **3 missed tests** in any period of **18 months** beginning with the date of the first missed test, you shall have committed an anti-doping rule violation in accordance with rule 32.2(d).

R - ATHLETE INFORMATION

First Name	Gender	Nationality
Last Name	Event	
Complete Current Address	Postal Code	Town
	Country	
Phone (international code/number)	E-mail address	
Alternative contact person	Phone	

REGULAR TRAINING INFORMATION

X1 - Regular Training Place 1

Name of Regular Training Place (Facility)			
Address	Postal Code	Town	Country

Training Times (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

X2 - Regular Training Place 2

Name of Regular Training Place 2 (Facility)			
Address	Postal Code	Town	Country

Training Times (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



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First Name	Last Name	Nationality	Date
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TEMPORARY LOCATION INFORMATION

A	B	C
Please indicate the dates you will be at the temporary location place below with an A in the One hour testing schedule	Please indicate the dates you will be at the temporary location place below with an B in the One hour testing schedule	Please indicate the dates you will be at the temporary location place below with an C in the One hour testing schedule
Town + country	Town + country	Town + country
Training Place (name + address)	Training Place (name + address)	Training Place (name + address)
Training Times (if applicable) From to From to	Training Times From to From to	Training Times From to From to
Accommodation (name + address)	Accommodation (name + address)	Accommodation (name + address)

D	E	F
Please indicate the dates you will be at the temporary location place below with an D in the One hour testing schedule	Please indicate the dates you will be at the temporary location place below with an E in the One hour testing schedule	Please indicate the dates you will be at the temporary location place below with an F in the One hour testing schedule
Town + country	Town + country	Town + country
Training Place (name + address)	Training Place (name + address)	Training Place (name + address)
Training Times (if applicable) From to From to	Training Times From to From to	Training Times From to From to
Accommodation (name + address)	Accommodation (name + address)	Accommodation (name + address)

First Name:	Last Name:	Nationality:	Date:
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Z - COMPETITION PLANNING (Add additional Competitions on separate sheet if necessary)

Town/Country	Date (from-to)	Address for one hour slot	Town/Country	Date (from-to)	Address for one hour slot
Town/Country	Date (from-to)	Address for one hour slot	Town/Country	Date (from-to)	Address for one hour slot
Town/Country	Date (from-to)	Address for one hour slot	Town/Country	Date (from-to)	Address for one hour slot

ONE-HOUR TESTING SCHEDULE

Important! You must now fill in **every day** of the Schedule using the letters indicated below and the One-Hour slot when you will be present at this location

R = Current Address **X1** = Training Place 1; **X2** = Training Place 2; **A,B,C,D,E,F** = Temporary Location Information **Z** = Competition Planing

Month	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
APRIL 2010	Location																														
	1 hour window	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MAY 2010	Location																														
	1 hour window	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
JUNE 2010	Location																														
	1 hour window	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

I agree that the information contained in this Whereabouts Information Form may be shared with any of the IAAF's authorized out-of-competition collection agencies (including the WADA) on the condition that it is used for doping control purposes only.

ATHLETE'S SIGNATURE _____ Signature is necessary for form to be considered complete.

Athlete's Whereabouts Information Declaration

I,....., the undersigned, declare that the whereabouts information I have given on this form is true and accurate to the best of my knowledge and belief.

I understand that providing inaccurate, insufficient, incomplete, misleading or fraudulent whereabouts information, or failing to keep my required whereabouts information updated at all times, could constitute a whereabouts failure or an anti-doping rule violation under IAAF Anti-Doping Rules.

I understand that this information is required by the IAAF for the purpose of it conducting no-advance notice out-of-competition testing and I consent to the disclosure of such information for the same purpose to WADA and any other body having competent jurisdiction to test me in accordance with IAAF Anti-Doping Rules.

I further consent to the processing of this whereabouts information through ADAMS and/or any other relevant administration/management system.

I am informed that, in accordance with art 13 of the loi n° 1.165 "*relative à la protection des informations nominatives*" of Monaco, and in accordance with WADA's International Standard for the Protection of Privacy and Personal Information, I have the right to access and modify my whereabouts information either by sending a request to the IAAF Anti-Doping Administrator: **Dr. Gabriel Dollé – 17 rue Princesse Florestine – BP 359 – MC 98007 MONACO tel: +377 93 10 88 10 / fax: +377 93 50 83 95** or directly through ADAMS.

PRINTED NAME:

SIGNATURE :

DATE: