



WORLD BOXING COUNCIL CLEAN BOXING PROGRAM

Athlete Whereabouts Form

Please type or print legibly
and use blue or black ink

Date: _____
year month day

Athlete Information

NAME: _____
last first middle

RING NAME: _____ MALE FEMALE

PHYSICAL ADDRESS:

street address city state/province postal/zip code country
() ()
home telephone # cell telephone #

email address

MAILING ADDRESS: (if different from physical address above)

street address city state/province postal/zip code country
DATE OF BIRTH: _____ AGE: _____
year month day

CONTACT PERSON: _____ ()
name of contact other than yourself cell telephone #

Athlete's Regular Schedule

We realize some schedules are more complex than others and encourage you to attach additional information on other sheets if necessary

PRIMARY TRAINING LOCATION:

FACILITY NAME: _____

FACILITY ADDRESS: _____
street address city/province state country

PRIMARY TRAINING LOCATION SCHEDULE: (PLEASE INDICATE SPECIFIC TIMES IF KNOWN: e.g., 11:00am-1:00pm)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time(s)							

DAILY SIXTY-MINUTE WINDOW OF AVAILABILITY FOR SAMPLE COLLECTION:

The CBP may collect samples at any time during participation in the program. A preferred 60-minute collection period each day is:

FACILITY NAME: _____

FACILITY ADDRESS: _____
street address city state/province country

PREFERRED SELECTION LOCATION SCHEDULE: (PLEASE INDICATE SPECIFIC TIMES IF KNOWN: e.g., 11:00am-12:00

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time(s)							

OTHER REGULAR ACTIVITIES:

Please provide address for activities for which you check "Yes" to being tested. Please indicate specific times if known: e.g., 11:00am-4:00pm

ACTIVITY #1: _____

ACTIVITY ADDRESS: _____
street address city state/province country

May we collect samples during this activity? YES NO

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Activity Time(s)							

ACTIVITY #2: _____

ACTIVITY ADDRESS: _____
street address city state/province country

May we collect samples during this activity? YES NO

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Activity Time(s)							

Known Exceptions to Athlete's Regular Schedule

Please list activities that are not previously identified on this form and that differ from the regular schedule provided. Examples could include a work or family event, an other special occasion, or any other activity that would change your schedule and make it difficult to locate you at one of the locations identified elsewhere on the athlete information form:

 Date of activity Activity Location of activity

 Date of activity Activity Location of activity

Date of activity

Activity

Location of activity

Please list the upcoming boxing events that the athlete is scheduled to take part in:

Date of event

City

State/Province

Country

Date of event

City

State/Province

Country

Travel Plans: (please note multiple locations on one trip if applicable (please use additional sheets as necessary))

_____ starting date				to	_____ ending date			
_____ specific location (if known - hotel / address)								
city		State/Province		Postal/zip code		Country		
Temporary training address (if applicable)								
_____ starting date				to	_____ ending date			
_____ name of facility / street address								
city		State/Province		postal/zip code		country		

_____ starting date				to	_____ ending date			
_____ specific location (if known - hotel / address)								
city		State/Province		postal/zip code		country		
Temporary training address (if applicable)								
_____ starting date				to	_____ ending date			
_____ name of facility / street address								

city

State/Province

postal/zip code

country

I agree to contact the WBC immediately upon learning of any deviation in my schedule and agree to comply with the WBC's Athlete's Whereabouts Policy.

Athlete signature

Date

Mi name, as it appears in this document, is a legal and official certification that I am personally signing this document and that the official identification, which copy I am attaching herewith, is a legitimate and legal identification that competent authorities have issued to me.

The athlete's signature is necessary for the form to be considered complete.

Please return this and all relevant material concerning the WBC Clean Boxing Program to the World Boxing Council at:

MAIL: Consejo Mundial de Boxeo
Cuzco No. 872, Colonia Lindavista
Mexico 07300, Mexico



FAX: (5255) 5119-52-93 / 94

EMAIL: cbp@wbcboxing.com