



**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](mailto:cbp@wbcboxing.com)