|  |  |
| --- | --- |
| National Powerlifting Federation of |   |

Enter here your Country

ATHLETE WHEREABOUTS INFORMATION

For no-advance notice doping testing (refer article 5.1 of the IPF Anti-Doping Rules)

|  |  |
| --- | --- |
| **Championship:** | **2ndIPF Classic Powerlifting World Championships 2014** |

|  |  |
| --- | --- |
| **Place and Date:** | **from 01.-08. June 2014 in Potchefstroom / South Africa** |
|  |  |
| **Submitted by/position:** |  |
| **Contact Information:** |  |

**This completely filled in form must be sent to the IPF Championship Secretary simultaneously with your National Federation’s preliminary nomination for the above-mentioned Championship. Note. The nomination of lifter will not be accepted unless the required data have been completely provided on this form. Only exceptions are the lifters who are included in the current IPF Registered Testing Pool (RTP) who provide their whereabouts information via ADAMS, and therefore their whereabouts information do not need to be provided on this form. Additionally, lifters who are included in the ADAMS system through their national federations or their national anti-doping agencies do not need to provide their whereabouts information on this Athlete Whereabouts Information form if they provide the IPF with their ADAMS ID #.**

**Provide (in appropriate columns below) each lifter’s name (first name - family name) and the date of birth and his/her contact information (phone number and email address) and regular whereabouts information (Work / Study / Primary training place) from the date of preliminary nomination to the date the Lifter will arrive in the location of the above mentioned Championship.**

**Provide also (in column 60-minute time slot / location) one specific 60-minute time slot between 6 a.m. and 11 p.m. local time where the Lifter will, during the above-mentioned period, be available and accessible for no-advance notice Doping Testing at a specific location.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Athlete name and date of birth (dd/mm/yyyy)** | **Complete Home address** | **Phone number and** **Email address** | **Work / Study (as applicable) / address / time** | **Primary training place / address / training time** | **60-minute time slot / location** |
| Enter Lifter’s nameEnter Date of birth | Enter Street and str. numberEnter Zip, City, Country | Enter Phone numberEnter Email address | Enter Work or Study Enter Street and str. numberEnter Zip, City, CountryEnter Time | Enter Training PlaceEnter Street and str. numberEnter Zip, City, CountryEnter Time | Enter TimeEnter Location and address |
| National Powerlifting Federation of |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Athlete name and date of birth (dd/mm/yyyy)** | **Complete Home address**  | **Phone number and** **Email address** | **Work or School address (as applicable) /address / time** | **Primary training place / address / training time** | **60-minute time slot / location** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |