FISA

FISA ANTI-DOPING PROGRAMME
To be completed by the NATIONAL FEDERATION

Main Training Location Form
(where athletes train every day)

Period Jan-Mar / Apr-Jun / Jul-Sep / Oct-Dec 2015

Please send FISA a copy of this form for each main training location where the international athletes from your national federation will be training in 2015. Please list the names of these international athletes training at these locations.
FISA should be notified of any changes in order to avoid missed tests.

FISA fax no.: +41 21 617 83 75 **FISA email:** info@fisa.org

MAIN TRAINING LOCATION

1. ☐ **Men** ☐ **Women** ☐ **Lightweight Men**
☐ **Lightweight Women** ☐ **Junior Men** ☐ **Junior Women**

2. Name and position of person completing form:_____

3. Training Location address (INCLUDE INSTRUCTIONS ON HOW TO REACH THE VENUE)

STREET_____

TOWN/CITY & POST CODE_____

STATE / PROVINCE _____ COUNTRY_____

PHONE NO.:_____ FAX NO.:_____

4. Please provide Instructions on how to reach the training location on a separate document.

5. Athlete list
Please attach a name list of all athletes attending the above training location. Include dates of birth if possible.

TRAINING SCHEDULE

6. Please indicate training times (from – to)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							

Form completed by:

Name (printed): _____Signed: _____

Date: _____ National Federation: _____