

USADA ATHLETE LOCATION FORM



Please Print **LEGIBLY**  
(No Abbreviations)

A current photograph of the athlete **MUST** be attached.

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
Sport: Hockey Date of Birth: \_\_\_\_\_ Sex: F S.S.#: \_\_\_\_\_  
Height: 6'1" Weight: 142 Hair Color: Brown Eye Color: Blue  
Mother's Maiden Name (for identification purposes): \_\_\_\_\_

**1. Athlete Residence:** **DO NOT USE P.O. BOXES OR ROUTE NUMBERS**

Address: \_\_\_\_\_ Days/Hours: Permanent  
City: \_\_\_\_\_ State: VA Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_ Name of Contact: \_\_\_\_\_

**2. Athlete Training Facility:** **DO NOT USE P.O. BOXES OR ROUTE NUMBERS**

Name of Facility: Back Run Shooting Center of Isaac Walton League Days/Hours: \_\_\_\_\_  
Address: Back Run Dr Name of Contact: \_\_\_\_\_  
City: Centerville State: VA Zip Code: \_\_\_\_\_  
Phone: 703 350-2344 Fax #: (\_\_\_\_) N/A

**3. Athlete School Address:** **DO NOT USE P.O. BOXES OR ROUTE NUMBERS**  
(or 2nd Training Facility)

Name of School: NA Days/Hours: \_\_\_\_\_  
Address: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**4. Athlete Work Address:** **DO NOT USE P.O. BOXES OR ROUTE NUMBERS**

Name of Business: Self-Employed Consultant/Contractor Days/Hours: \_\_\_\_\_  
Address: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
City: Same as above State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**5. Athlete Parent's Address:** **DO NOT USE P.O. BOXES OR ROUTE NUMBERS**

Parent's Names: \_\_\_\_\_ Days/Hours: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**6. Athlete Coach's Address:** **DO NOT USE P.O. BOXES OR ROUTE NUMBERS**

Coach's Name: None Days/Hours: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

X  
ATHLETE SIGNATURE 25 Oct 02  
DATE

Please attach a complete up-to-date schedule of school, training and work days/hours

**PERMANENT TRAINING SCHEDULE**

X. Training Place 1  
 Facility Name and Address:

Buell Run Shooting Center - Indoor Season

Training Time (From-To)

Dates (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM						?	?
PM						?	?

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

*evening* X X

X. Training Place 2  
 Facility Name and Address:

George Walton League - Outdoor Season

Training Time (From-To)

Dates (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM						?	?
PM						?	?

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

*evening* X X

Note: This is not cast in stone. Particularly outdoors, it is weather-dependent and may vary depending on competition. On weekends, it may be anytime during the daylight hours. Tuesdays & Thursdays our club gathers, so that is the only (relatively) constant.

LOCATION FORM

**TRAINING SCHEDULE**

Nationality: US First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: 25 Oct 00

ATHLETE'S ITINERARY/INFORMATION (A,B,C,D: Temporary training address, E: Competition X: Permanent training address)

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	
Oct 2000																																
Nov 2000											<u>2</u>																					
Dec 2000																																

A.	B.	C.	D.
Temporary Training Address <u>NA</u>	Temporary Training Address	Temporary Training Address	Temporary Training Address
_____	_____	_____	_____
_____	_____	_____	_____
Temporary Training Facility	Temporary Training Facility	Temporary Training Facility	Temporary Training Facility
_____	_____	_____	_____
_____	_____	_____	_____

**COMPETITION SCHEDULE**

E. COMPETITION	TOWN	COUNTRY	DATE (FROM)	DATE (TO)
<u>FITA East</u>	<u>Reading Pa</u>	_____	<u>11 Nov</u>	<u>11 Nov</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____