

USADA ATHLETE LOCATION FORM



Please Print **LEGIBLY**
(No Abbreviations)

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

Name (First) _____ (Middle) _____ (Last) _____
Sport: Badminton Date of Birth: _____ Sex: M S.S.#: _____
Height: 5'9" Weight: 170lbs Hair Color: _____ Eye Color: _____
Mother's Maiden Name (for identification purposes): _____

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

Address: One Olympic Plaza Days/Hours: _____
City: Colorado Springs State: Colorado Zip Code: 80909
Home Phone: (____) _____ Work Phone: (____) _____
Fax #: (____) _____ Name of Contact: _____

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

Name of Facility: Colorado Springs OTC Days/Hours: _____
Address: One Olympic Plaza Name of Contact: _____
City: Colorado Springs State: Colorado Zip Code: 80909
Phone: (____) _____ Fax #: (____) _____

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

Name of School: _____ 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: _____ Days/Hours: _____
Address: _____ Name of Contact: _____
City: _____ 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: _____ Days/Hours: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: (____) _____
Work Phone: (____) _____ Fax #: (____) _____

X
ATHLETE SIGNATURE

11/9/00
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: Colorado Springs Olympic Training Center
One Olympic Plaza CO Springs, CO 80909

Training Time (From-To)

Dates (From-To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	7-9	7:30-9:30	7:30-9:30	7-10	7:30-9:30	7-10	OFF
PM	3-6	3-6	3-6	OFF	3-6	OFF	OFF

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

X. Training Place 2

Facility Name and Address: _____

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

LOCATION FORM

TRAINING SCHEDULE

Nationality: USA First Name: _____ Last Name: _____ Date: _____

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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nov 2000	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dec 2000	E	E	E	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

A.

Temporary Training Address

B.

Temporary Training Address

C.

Temporary Training Address

D.

Temporary Training Address

Temporary Training Facility

Temporary Training Facility

Temporary Training Facility

COMPETITION SCHEDULE

E. COMPETITION

TOWN COUNTRY

DATE (FROM)

DATE (TO)

North West Classic Portland, OR USA 10/27/00 10/29/00

Region 2 Classic Indianapolis, IN USA 11/10/00 11/12/00

Southern/PanAm Classic Miami Lakes, FL USA 12/1/00 12/3/00