



BOXER WHEREABOUTS FORM



This form can be submitted to VADA by email to whereabouts@VADA-testing.org or by fax to (702) 255-8420. Please type or print legibly and use blue or black ink.

Boxer Information

Providing detailed contact information is for the Boxer's benefit and can help minimize the chances of a Whereabouts violation.

Residence

NAME: _____
last first middle

GENDER: MALE FEMALE

DATE OF BIRTH: ____/____/____
month day year

PHYSICAL ADDRESS: (Where you currently reside. No P.O. Boxes)

MAILING ADDRESS: (If different from physical address)

street address apt.

city state zip code country

city state zip code country

(____) _____
home telephone number cell phone number

e-mail address

PRIMARY CONTACT PERSON: _____ (____)
name of contact other than yourself telephone number of contact

Boxer's Regular Schedule

We realize some schedules are more complex than others and encourage you to attach additional information on separate sheets if necessary.

Primary Training Location

FACILITY NAME: _____

FACILITY ADDRESS: _____
street city state

PRIMARY TRAINING LOCATION SCHEDULE: (Please indicate specific times: i.e. 11:00am – 1:00pm; 4:00pm - 6:00pm)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time(s)							

Daily Sixty-Minute Window of Availability for Sample Collection

VADA may collect samples at any time during participation in the program. Below Boxers list their preferred sixty-minute collection period each day.

FACILITY NAME: _____

FACILITY ADDRESS: _____
street city state

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 provide specific times (i.e. 11:00am - 4:00 pm).

ACTIVITY 1: _____

ACTIVITY 2: _____

ADDRESS: _____

ADDRESS: _____

May we collect samples during this activity?
 YES NO

May we collect samples during this activity?
 YES NO

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Activity Time(s)							

Day	SUN	MON	TUE	WED	THU	FRI	SAT
Activity Time(s)							

Known Exceptions to Regular Schedule

NAME: _____
last first middle

Exceptions:

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 or other special occasion; or other activity that would change your schedule and make it difficult to locate you at one of the locations identified elsewhere on your Boxer information form.

Activity	Location	Date of Activity
_____	_____	_____
Activity	Location	Date of Activity
_____	_____	_____
Activity	Location	Date of Activity
_____	_____	_____

COMPETITION SCHEDULE:

Competition	Location	Country	Travel Days
name of competition	city state/province	country (if other than U.S.)	Please list each day of travel
_____	_____	_____	_____
name of competition	city state/province	country (if other than U.S.)	Please list each day of travel
_____	_____	_____	_____

Travel Plans (Please attach additional sheets as necessary – be sure to write your name on any additional sheets submitted.)

Starting date to ending date	Starting date to ending date
_____	_____
Travel days (please list each day of travel)	Travel days (please list each day of travel)
_____	_____
Specific location (Hotel/Address)	Specific location (Hotel/Address)
_____	_____
City state/province	City state/province
_____	_____
Zip code country (if other than U.S)	Zip code country (if other than U.S)
_____	_____
Temporary Training Address (if applicable)	Temporary Training Address (if applicable)
_____	_____
Name of facility	Name of facility
_____	_____
Street	Street
_____	_____
City state / province	City state / province
_____	_____

I will contact VADA immediately upon learning of any deviation in my schedule and agree to comply with VADA's whereabouts policy.

BOXER SIGNATURE: _____
name date

SIGNATURE IS NECESSARY FOR FORM TO BE CONSIDERED COMPLETE.