

Modification to LOCATION FORM

Unannounced / Out-of-Competition Doping Control Programme

FINA OFFICE

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Copy to:
Deutscher Schwimm-Verband

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Discipline: _____ Date: _____

Nationality: _____ Sex: Club/Team: _____

First Name: _____ Last Name: _____

Actual Living Address: _____

Postal Code: _____ Town: _____

Country: _____

Phone: (area code/number) _____ Fax: (area code/number) _____

Contrary to my location form for the first/second/third/forth quarter my where-about has changed as follows:

Date: from _____ until _____

Address: _____

Reason: _____

Signature