**Doping Control**

Please fully fill out this form and give it to the doping authority when called for a doping control at the BeNeCup on 15 November 2014.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
|  | Sur name | |  |  |
|  | First name | |  |  |
|  | Date of birth | |  |  |
|  | Address | |  |  |
|  | Postcode + Town | |  |  |
|  | Telephone number | |  |  |
|  | Mobile number | |  |  |
|  | E-mail address | |  |  |
|  | Male / Female | |  |  |
|  | Coach | |  |  |
|  | Team | |  |  |
|  |  |  | |  |

By filling out and signing this form you give permission to give these data to the doping authority.

Form without a signature are noty valid

Athlete,

Name:

Signiture: