**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: