



# TRAINING SCHEDULE

*Please fill in the form and return to:*  
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Nationality: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SWIMMER'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	

<p><b>A.</b></p> <p>Temporary Training Address</p> <hr/> <hr/> <hr/> <hr/> <p>Temporary Training Facility</p> <hr/> <hr/> <hr/> <hr/>	<p><b>B.</b></p> <p>Temporary Training Address</p> <hr/> <hr/> <hr/> <hr/> <p>Temporary Training Facility</p> <hr/> <hr/> <hr/> <hr/>	<p><b>C.</b></p> <p>Temporary Training Address</p> <hr/> <hr/> <hr/> <hr/> <p>Temporary Training Facility</p> <hr/> <hr/> <hr/> <hr/>	<p><b>D.</b></p> <p>Temporary Training Address</p> <hr/> <hr/> <hr/> <hr/> <p>Temporary Training Facility</p> <hr/> <hr/> <hr/> <hr/>
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## COMPETITION SCHEDULE

E. Competition	Town	Country	Date (From- )	Date ( -To)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____