World Curling Federation (WCF) RETIREMENT NOTIFICATION FORM (RTP/TTP)



ATHLETE INFORMATION

Г				
Surname		Given Names:		
Female	Male [] (X appropriate box)	ppropriate box) Date of Birth: (dd/mmm/yyyy)		
Address:				
City:	Cou	Country: Postcode:		
Tel:	(with internationa	(with international code)		
Discipline:		Position:		
Member Assoc				
from the WCF Re I hereby acknowl the following ste Give W Make r	egistered Testing Pool (RTP) or WCF Te	eam Testing Pool (TTP). Inpeting in international ever Inpetition: Inme competing in WCF Even	petitions, and I request that my name be removed nts following retirement, I am required to complete	
	rmation, please refer to WCF Anti-Dopi			
Signature:		Place/Date:		
CONFIRMATI	ON OF ATHLETE STATUS			
Member Associ	iation:			
Name of Officia	al:	l: Title:		
I confirm that the	e information given above by the athle	ete is true.		
Signature:		Place/Date:		
Please fill in the form in <u>capital letters or typing</u> , sign and return World Curling Federation 3 Atholl Crescent Perth PH1 5NG, Scotland, UK		and return to:	Tel: +44 1738 451630 Fax: +44 1738 451641 Email: antidoping@worldcurling.org	