



Government of the Republic of Trinidad & Tobago

MINISTRY OF SPORT

ELITE ATHLETE ASSISTANCE PROGRAMME

TRAINING SCHEDULE

Please complete using CAPITAL LETTERS
Place a letter representing your location in the appropriate box

First Name:----- Last Name:----- Sport:----- Date:-----

ATHLETE'S ITINERARY /INFORMATION (A,B,C,D: temporary training address, E: Competition, X: Permanent training address)

Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

Name and Address of Temporary Training Facility A -----

Name and Address of Temporary Training Facility B -----

Name and Address of Temporary Training Facility C -----

Name and Address of Temporary Training Facility D -----

Competition Schedule for February to July 200-- (include venue, dates, etc) E -----

Submit to the Ministry of Sport & Youth Affairs, NeMWIL Building, #12 Abercromby Street, Port of Spain, Trinidad, W.I.
Ph: 625-5662-4