



Government of the Republic of Trinidad & Tobago

MINISTRY OF SPORT

ELITE ATHLETE ASSISTANCE PROGRAMME

QUARTERLY TRACKING FORM

Please complete the form in CAPITAL LETTERS

First Name:----- Last Name:-----

Discipline:----- Date:-----

Personal Coach's or Manager's Contact Information

Name:----- Title:-----

Phone No:----- Fax:----- e-mail:-----

PERMANENT TRAINING SCHEDULE

Training Place 1

Name and Address of Permanent Training Facility:-----

Training Time (From - To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

Training Place 2

Name and Address of Permanent Training Facility:-----

Training Time (From - To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

Name of coach or trainer supervising this training:-----

PROGRAMME OF COMPETITION

Dates: From - To	PROJECTED NO. OF COMPETITION/MEETS	Location

N.B: The Athlete is asked to attach their Annual Training Plan when submitting this form.

Copies to be submitted to the Trinidad and Tobago Olympic Committee, #63 Dundonald Street, Port of Spain
and the Ministry of Sport & Youth Affairs, NEMWIL Building,
#12 Abercromby Street, Port of Spain, Trinidad, W.I.
Ph. 625-56622-4