



**Government of the Republic of Trinidad and Tobago**  
 Ministry of Sport and Community Development

# 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:-----  
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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:-----  
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**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:-----

<b>PROGRAMME OF COMPETITION</b>
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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 and Community Development, Level 20, Nicholas Tower, 63-65 Independence Square, Port of Spain  
Tel: 1- 868-225-2322, 624-7360