



Welcome to Our Proven Training Program

Name _____ Age _____

Address _____ Date of Birth ____/____/____

City _____ State _____

Cell# ____/____/____ Email _____

Days per week you are now running _____ Distance per run _____

Longest run in the last month _____. Where do you run _____

Running injuries? _____

Why are you running? (Circle all that apply) : Stay in shape, Lose weight,

Meet new friends, Complete a certain race, Just love to run.

What race are you training for? _____

Race Distance _____ Goal Time _____ Race Date ____/____/____

Longest Race to date. _____ Time ____:____:____

Date ____/____/____

Additional info we should know _____

Today's Date ____/____/____