



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

Social reasons, Complete a certain race, Just love to run,

Are you training for a specific race? Race Name _____

Race Distance _____ Goal Time _____ Race Date ____/____

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

Date ____/____/____

Additional info we should know _____

_____ Today's Date ____/____/____