

RunnersWorld



T U L S A

Couch to 5K Registration Form

Name _____ Age _____
Address _____ Date of Birth _____
City _____ State _____
Email _____ Phone _____

Which 5K are you interested in doing _____

Date of your race? _____

Current level of fitness? Are you currently walking, running,
lifting weights, biking, swimming etc. _____

Goal time for 5K (If any)? _____

Are you a first time walker/runner? _____

How many races have you participated in? _____