



Couch to St. Patrick's Day 5K Registration Form

Name: _____

Age: _____

Address: _____

Date of Birth: _____

City: _____

State: _____

Phone: _____

E-Mail: _____

How did you hear about this training program? _____

Are you currently walking or running? YES / NO.

If yes please answer the below questions

How many miles per outing are you running/walking? _____

How many minutes per outing are you running/walking? _____

How many days a week are you running/walking? _____

Would you like for us to order you an official couch to 5K training shirt (\$20)?

Yes /No

If yes please circle size: XS S M L XL XXL

Fax completed form to 918-749-7564. For more information call Coach Kathy at 918-749-7557

