

RunnersWorld



T U L S A

Couch to Tulsa Run 5K Registration Form

Name: _____

Age: _____

Address: _____

Date of Birth: _____

City: _____

State: _____

Phone: _____

E-Mail: _____

How did you hear about this training program? _____

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

Goal time for 5K? _____

Are you a first time runner/walker? _____

How many races have you participated in? _____

