



**The Runner's Store**

## Running Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ How long have you been running? \_\_\_\_\_

Current Racing: (Please include distance of race, finish time, and date of race.)

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Personal Bests: (List your best performances for 5K, 10K, half marathon, marathon, etc.). (Please include distance of race, finish time, and date of race.)

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Running Interests:

- Fun & fitness, no racing    Recreational or social racing    Racing for improved performance

List your running and racing goals:

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Why are you seeking a group to run with?

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Any current injuries related to running?

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How many miles and days per week are you running currently?

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Any additional comments or concerns:

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Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_