



## Marathon Training Program 2007

To meet the needs of each individual, please answer these questions which will assist us in determining the correct training schedule for you. Provide as much information as possible; we understand if some questions can not be answered. Please return this sheet along with the Waiver Form to the University at Buffalo, Alumni Arena Rm. 130 North Campus. Contact Jessica Nyrop at [jenyrop@buffalo.edu](mailto:jenyrop@buffalo.edu) if you have questions.

Last Name		First Name	
Street Address			
City		State	Zip Code
Day Phone		Evening Phone	Email Address

**Will this be your first time running following a training program?**

Yes No

**Will this be your first marathon?**

Yes No

**Which distance are you interested in training for?**

Relay (10K) Half-marathon Marathon

**Most recent race** Distance \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

**Most recent marathon** Date \_\_\_\_\_ Race \_\_\_\_\_ Time \_\_\_\_\_

**Best marathon** Date \_\_\_\_\_ Race \_\_\_\_\_ Time \_\_\_\_\_

	Best performance in last 2 years			Best performance ever		
	Time	Race	Date	Time	Race	Date
5K						
8K						
10K						
Half-marathon						
Marathon						

**If you are training for the half-marathon or marathon, please complete the following:**

*Training history over last 6 months*

**Average weekly mileage** \_\_\_\_\_

**Average easy run pace** \_\_\_\_\_

**Average long distance run** \_\_\_\_\_

**Are you currently doing speed workouts? Please describe:** \_\_\_\_\_

**Number of days currently running per week** \_\_\_\_\_

**Number of days willing to train per week** \_\_\_\_\_

