

PIONEER VALLEY WOMEN'S RUNNING CLUB

"WALK TO RUN CLINIC" APPLICATION

Please supply us with the following information along with the release form and return to:

PVWRC, P.O. Box 875, Agawam, MA 01001-0875

Name _____

Address _____

City/Town/Zip _____

Phone numbers: home _____

work _____

cell _____

Email
address: _____

Any information you wish to share about yourself, such as:

You were a runner in the past (high school, before starting a family/career), tried to run before but just didn't work out, returning from an injury, need a tune-up etc.

You would like to find a partner to do your weekly homework with, etc.

The more information we know about you, the better we can work to help you achieve your goals.

We will contact you by email just before the start of the clinic. We look forward to having you join us!!