

Team Lindquist
“Spring Jackson from Winter” Triathlon Clinic
Registration Form/Questionnaire

NAME _____

EMAIL _____

PHONE _____

USAT Member? Y / N

USAT #:

AGE:

SEX: M / F

WHAT IS ONE UNIQUE, INTERESTING BIT OF TRIVIA THAT SEPARATES YOU FROM ANYONE ELSE IN THE CLINIC?

How many years have you been doing triathlon? _____

What is your sporting background?

Rank your swim, bike, run in order of strength: _____

How did you find out about this clinic? _____

Have you been to a triathlon clinic before? _____

Beyond working on swim, bike, and run technique, what other areas are you interested in learning about this weekend? Rank the following list from 1 (very interested) to 5 (I know it all already).

Stretching--

Strength training--

Nutrition--

Training program--

Choosing bike equipment--

Other... _____

Taper week--

Mental Exercises--

Recovery--

Race Day Strategies--

Time management--

Do you have any medical issues or injuries we should know about?

Anything else you would like us to know?

Complete this questionnaire and fax it to: 000-000-0000 or mail it ASAP to Team Lindquist P.O. Box 284 Wilson WY 83014 Should you have any questions, please contact Barb Lindquist at: TeamLindquist@BarbLindquist.com