

<b>PERSONAL INFORMATION</b>	Please list any and all information below
Occupation	
Postal Address City, State, Zip	
Phone	
E-mail address	
Birthday	
Married? Children? Significant other: You like to spend time with ???	
Hours work per week (average)	
Hours can spend on training per week	
Non-triathlon hobbies/pastime that you spend time doing	
How did you hear about Affinity Multisport/ Gina Kehr Coaching	
What, specifically, are your coaching needs?	

<b>TRAINING INFORMATION</b>	Please list any and all info that will be helpful in designing your program
Do you belong to a masters swim program? If so, which one?	
How many days a week do you swim with masters and/or on own?	
Do you do your strength workouts? If so, do you belong to a gym?	
Have you been coached before? If so by who?	

Do you own a trainer? If so, what kind?	If you mean Bike Trainer: Yes I do but I don't know the brand or which kind. I will check.
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<b>TYPICAL TRAINING WEEK CURRENTLY</b>	List a typical training week of workouts hours and type of workouts
MONDAY AM NOON PM	
TUESDAY AM NOON PM	
WEDNESDAY AM NOON PM	
THURSDAY AM NOON PM	
FRIDAY AM NOON PM	
SATURDAY AM  NOON PM	
SUNDAY AM   NOON PM	

<b>TYPICAL TRAINING WEEK during race season</b>	List a typical training week of workouts hours and type of workouts
MONDAY AM NOON PM	
TUESDAY AM NOON PM	
WEDNESDAY AM NOON PM	
THURSDAY AM NOON PM	
FRIDAY AM NOON PM	
SATURDAY AM NOON PM	
SUNDAY AM NOON PM	

<b>RACING INFORMATION</b>	Please answer to the best of your ability
Best Olympic Triathlon Time and splits please list which race	
Best Half Ironman Triathlon Time and split times Please list which race	
Best Ironman Triathlon Time and split times please list which race	
Most recent race	
Most recent training number of hours (break out all 3 disciplines and when)	
Please list in order your strongest to your weakest discipline example: swim, run, bike	
Do you have a strong background in any of the disciplines?	
Please give an overall history of your racing career? example; how many races a year,	
Any other information you feel necessary for me to know.	

<b>MEDICAL HISTORY</b>	Please answer with however much information you feel comfortable with.
Any medical conditions I should know about?	
How do you feel your recovery is? How long do you feel you need to recover.	
How much sleep do you get on average?	

Any medical racing experiences?	
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<b>RACE SCHEDULE</b>	Please list name of race, date and priority
RACE 1	
RACE 2	
RACE 3	
RACE 4	
RACE 6	
RACE 7	
RACE 8	
RACE 9	
RACE 10	