**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**



# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_**

# \_\_\_\_\_ I have completed TBF MTB Skills Clinics I & II.

**\_\_\_\_\_ I am an intermediate rider qualified for the TBF MTB Skills Clinic Level III.**

**\_\_\_\_\_ I am an expert rider and looking to take my skills to the next level.**

**List your mountain bike riding and racing experience.**

**Riding Years Comments**

**Racing Years Comments**

**Please list your top three goals for participating in the TBF MTB Skills Clinic Level III.**

**1**

**2**

**3**

**Please list the workouts you do in a typical training week**

**Day Type of workout(s) Time/Distance Time of day**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

**What type of bike will you be riding at the TBF MTB Skills Clinic Level III?**

**Do you strength train on a weekly basis?**

**What days per week do you strength train?**

**What type of workouts (free weight, body weight, machines)?**

# Have you ever worked with a personal coach/trainer before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_