

**VERSAILLES-WOODFORD COUNTY PARKS & RECREATION DEPARTMENT
RUNNING/WALKING CLUB SURVEY**

Parks & Recreation is trying to determine the level of interest in the community for a walking/running club. Please take a few minutes and let us know what your interests are. Once we tally the results, we will announce a date for the first group run and an informational meeting in early January! Thank you for taking time to complete this survey and **RUN ON!!**

1. What is your running or walking experience & estimated miles per week?

- | | |
|---|--|
| <input type="checkbox"/> Beginner Walker _____ | <input type="checkbox"/> Beginner Runner _____ |
| <input type="checkbox"/> Experienced Walker _____ | <input type="checkbox"/> Intermediate Runner _____ |
| | <input type="checkbox"/> Advanced Runner _____ |

2. What are your goals?

- | | |
|---|--|
| <input type="checkbox"/> Weight Loss/Weight Maintenance | <input type="checkbox"/> Improving times/fitness level |
| <input type="checkbox"/> Social Motivation | <input type="checkbox"/> Training for competition (5k, 10k, Marathon, etc) |
| <input type="checkbox"/> Family Activity | <input type="checkbox"/> Running for charitable causes |
| <input type="checkbox"/> Other: _____ | |

3. Are you interested in participating in weekly group runs or walks? Yes No

4. Are you interested in family runs or walks? Yes No

5. Are you interested in educational classes or programs? Yes No

6. If you answered "yes" to #5, what topics are you interested in learning more about? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Selecting a pair of running shoes | <input type="checkbox"/> Stretching |
| <input type="checkbox"/> Training plans for fitness or competition | <input type="checkbox"/> Running/Walking Safety |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Benefits of walking & running |
| <input type="checkbox"/> Injury prevention or treatment | <input type="checkbox"/> Running/Walking in cold weather |

7. If you are interested in group runs or walks, what days/times would be best for you?

- | | | | |
|------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Early AM | <input type="checkbox"/> Mid-Morning | |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Early AM | <input type="checkbox"/> Mid-Morning | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Early AM | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Early AM | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Early AM | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Early AM | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Early AM | | |

GENERAL INFORMATION: Male Female Age: _____

May we contact you regarding a walking/running club? Yes No

If yes, please list the following information:

Name: _____ Phone: _____
 Address: _____ Email: _____

IF YOU HAVE ANY QUESTIONS, SUGGESTIONS OR COMMENTS, PLEASE INCLUDE THEM ON THE BACK!
 Please return forms to the Parks & Recreation Department at Falling Springs Center.