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2019-20 Goal Form

Last Name	First Name	MI
Address		
City	State	Zip Code
Date of Birth	Gender	Grade

Check	Event	Goal
<input type="checkbox"/>	55 Meter Goal	Today _____ (date) I ran a 55 meter race in _____ seconds. Next month my goal is to run a the 55 meters in under _____ seconds.
<input type="checkbox"/>	200 Meter Goal	Today _____ (date) I ran a 200 meter race in _____ seconds. Next month my goal is to run 200 meters in under _____ seconds.
<input type="checkbox"/>	400 Meter Goal	Today _____ (date) I ran a 400 meter race in _____ seconds. Next month my goal is to run 400 meters in under _____ seconds.
<input type="checkbox"/>	One Mile Goal	Today _____ (date) I ran a mile in _____ minutes and _____ seconds. Next month my goal is to run a mile in under _____ minutes.
<input type="checkbox"/>	Long Jump Goal	Today _____ (date) jumped _____ feet and _____ inches. Next month my goal is to jump over _____ feet.
<input type="checkbox"/>	Distance Goal	The longest distance I have ever run is _____. I did that on _____ (date) at _____ (course/race). By the end of the season my goal is to run _____ (distance) without stopping.
<input type="checkbox"/>	Other	

Child's Name (PRINT): _____

Parent's or Guardian's Signature _____ Date: _____

Coach's Signature: _____ Date: _____