(Please PRINT ALL information)	
Date of Entering the Jr. Iditarod	
Musher Full Name	
Musher Legal Name if different from above	
Musher Complete Mailing Address	
Musher's home phone	Musher's cell phone
Musher's E-Mail	
Musher's Website URL	
Musher's BirthdateSocia	Security Number (required)
Parent or Guardian Full Name	
Guardian's Daytime Phone	Guardian's Eve Phone
Guardian's Cell Phone Guardian	d. E-Mail
Name of Emergency Contact	Phone
Local Newspaper, Radio TV name and contact inform	ation if available
Entry Fee Paid: Cash Check #	Charge
Paperwork submitted at time of entry: Musher Appli	ication; Participants Release FOR MUSHER; Health &
Medical Form; Participants Release for Dog Ov	vners OTHER than Mushers; Dog Team Application;
Rookie Reference; Bio;Local Contact & I	Housing Request; Birth Certificate; Sponsor Forms
THE UNDERSIGNED PARENT OR GUARDIAN HEREB administered during the Jr. Iditarod Trail Race by the	BY give(s) his/her/their permission for first aid treatment to be designated race official(s).
POLICIES PERTAINING TO THE JR. IDITAROD TRAIL R	THAT HE HE/SHE HAS READ AND UNDERSTANDS THE RULES AND ACE AS SET AND DETERMINED BY THE JR. IDITAROD AND AGREES IN AGREES THAT HE/SHE UNDERSTANDS THE POLICIES AND RULES ABIDE BY THEM.
Musher Signature	Date
- U	
Parent of Guardian Signature	Date