

(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 Birthdate _____ **Social Security Number (required)** _____

Parent or Guardian Full Name _____

Guardian's Daytime Phone _____ Guardian's Eve Phone _____

Guardian's Cell Phone _____ Guardian's E-Mail _____

Name of Emergency Contact _____ Phone _____

Local Newspaper, Radio TV name and contact information if available _____

Entry Fee Paid: Cash _____ Check # _____ Charge _____

Paperwork submitted at time of entry: Musher Application ____; Participants Release FOR MUSHER ____; Health & Medical Form ____; Participants Release for Dog Owners OTHER than Musers ____; Dog Team Application ____; Rookie Reference ____; Bio ____; Local Contact & Housing Request ____; Birth Certificate ____; Sponsor Forms

THE UNDERSIGNED PARENT OR GUARDIAN HEREBY give(s) his/her/their permission for first aid treatment to be administered during the Jr. Iditarod Trail Race by the designated race official(s).

BY SIGNING THIS APPLICATION THE **DRIVER** AGREES THAT HE HE/SHE HAS READ AND UNDERSTANDS THE RULES AND POLICIES PERTAINING TO THE JR. IDITAROD TRAIL RACE AS SET AND DETERMINED BY THE JR. IDITAROD AND AGREES TO ABIDE BY THEM, AND THE **PARENT OR GUARDIAN** AGREES THAT HE/SHE UNDERSTANDS THE POLICIES AND RULES AS SET FORTH BY THE JR. IDITAROD AND AGREES TO ABIDE BY THEM.

Musher Signature _____ Date _____

Parent of Guardian Signature _____ Date _____

Return to: **Jr. Iditarod, PO Box 2965, Palmer, AK 99645**