



REGISTRATION FORM

Mushers Information

Name: _____

Makivik Beneficiary Number: _____

Age: _____

Date of Birth: _____

PO Box: _____

Community: _____

Phone: Home: _____ Work: _____

Email Address: _____

Musher's Assistant Information

Name: _____

Makivik Beneficiary Number: _____

Age: _____

Date of Birth: _____

PO Box: _____

Community: _____

Phone: Home: _____ Work: _____

Email Address: _____

Dog Team Information

Total Number of Dogs (10 dogs' minimum, 12 dogs' maximum): _____

Lead Dog Name: _____

Have all your dogs' been vaccinated against rabies? YES: _____ NO: _____

Have all your dogs' been vaccinated against DAPP? ("basic vaccine" which contains four viruses: distemper-adenovirus-parvovirus and para-influenza (DAPP)
YES: _____ NO: _____

If so, how many have not been vaccinated against rabies? _____

If so, how many have not been vaccinated? What vaccine did they not get?:

***IMPORTANT* IF POSSIBLE, PLEASE PROVIDE VACCINATION RECORDS ALONG WITH THIS REGISTRATION FORM**

Transportation

Will you require transportation for your assistant, sled, dogs' and yourself?

To Kangirsuk: Yes: _____ No: _____

From Kangiqsualujjuaq: Yes: _____ No: _____

Submission

Please send registration form by fax, to **819-964-2613** or send a scanned version by email to asivuarapik@makivik.org

For questions, please contact the Ivakkak Coordinator, Akinisie Sivuarapik by the email above or contact 819-964-2925 Ext.224