



REGISTRATION FORM

Musher's Information

Name: _____

Makivik Beneficiary Number: _____

Age: _____

Date of Birth: _____

P.O. Box: _____

Community: _____

Phone: Home: _____ Work: _____

Email Address: _____

Proof of vaccination of vaccination for COVID-19:

1st Doze date: _____

2nd Doze date: _____

Musher's Assistant Information

Name: _____

Makivik Beneficiary Number: _____

Age: _____

Date of Birth: _____

P.O. Box: _____

Community: _____

Phone: Home: _____ Work: _____

Email Address: _____

Proof of vaccination of vaccination for COVID-19:

1st Doze date: _____

2nd Doze date: _____



Dog Team Information

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

Lead Dog's Name: _____

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

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

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 and which 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 Kangiqsujuaq: Yes: _____ No: _____

From Aupaluk: Yes: _____ No: _____

Submission

Please send registration form by fax, to **819-964-0371** or send a scanned version by email to asivuarapik@makivik.org

For questions, please contact the Ivakkak Coordinator, Akinisie Sivuarapik at the email above or contact at 819-962-2925