



## REGISTRATION FORM

### **Musher's Information**

Name: \_\_\_\_\_

Makivik Beneficiary Number: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Community: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Musher's Assistant Information**

Name: \_\_\_\_\_

Makivik Beneficiary Number: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Community: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_



**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, dog's and yourself?

To Kangiqsujaq: 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 [ddupuis@makivik.org](mailto:ddupuis@makivik.org), [Imoorhouse@makivik.org](mailto:Imoorhouse@makivik.org), [nwhite@makivik.org](mailto:nwhite@makivik.org)

For questions, please contact David Dupuis at the email above or contact at 819-964-2925 ext 247