



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 Kangiqsualujjuaq: Yes:_____ No:_____

From Tasiujaq: Yes:_____ No:_____

Submission

Please send registration form by fax, to **514-745-3700** or send a scanned version by email to lmoorhouse@makivvik.ca

For questions, please contact the Ivakkak Coordinator, Lynn Moorhouse at the email above or contact at 514-745-8880 or 514-651-3589