This form is required paperwork. It must be completed, signed and turned in with entry.

2024 IDITAROD TRAIL SLED DOG RACE™ APPLICATION

Iditarod Trail Committee 2100 S. Knik-Goose Bay Rd, Wasilla AK 99654 Phone: (907) 376-5155, ext. 100 Fax: (907) 373-6998 Email: <u>sszelag@iditarod.com</u> Website: <u>www.iditarod.com</u>

PLEASE PRINT ALL INFO	RMATION				
Name	ne Date				
	or Country you wish to be advertis				
Permanent location: Include	City/State/Zip				
Mailing address					
Physical address					
	Home phone				
Email address	Website URL				
Training location if different	Include City/State/Zip Dates at this	s address			
Mailing address	Physical address				
Phone	Cell phone				
Contact person while you'r	e on the trail:				
Name	Phone	Email			
Emergency contact if differ	ent:				
Name	Phone	Email			
Your Birth date	Birth State or Country				
Marital status/name of spouse Number of Children					
Current Occupation					
If you moved to Alaska, year?Previous occupation					
Schooling – where, dates, ma	ajor field of study, degrees etc.?				
Name of hometown newspap	er				
	town newspaper				
	an mushing)				
	SECTION 2 MUSHING	G BACKGROUND			
Began mushing when?	How and when did you first	become interested in running the I	ditarod?		
Racing experience (Iditarod/c	ther races, years/placement)				

SECTION 3 -- GENERAL INFORMATION - BIO

Include a statement about yourself, your background, your dogs and your reason for entering the Iditarod. The information you give us on this application is what we use in the race guide, the media guide, and what we give to those who ask. If not including now, indicate if you will be writing your own & submitting later.

Please keep it to 1-2 short paragraphs or 200 words and submit within 30 days, otherwise we will use what we have on file.

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PLEASE COMPLETE APPLICATION BY ANSWERING ALL QUESTIONS.

I UNDERSTAND THAT THE IDITAROD TRAIL COMMITTEE HAS THE RIGHT TO USE INFORMATION FROM THIS APPLICATION FOR NEWS ARTICLES AND PRESS RELEASES.

By signing this application and paying the required entry fee, I agree to abide by the 2024 race rules as set forth by the Iditarod Trail Committee. I further understand that if any results of drug testing on my team come back positive after I have been awarded prize money, I will return that prize money.

Signature	Date			
Please indicate your jacket size and t-shirt size belo	w:			
Jacket/Vest Size: Men's Women's	T-Shirt size: Men's Women's			
Please indicate below whether you want your phone number, e-mail address or mailing address given out. If you do not indicate, we will assume we can give out information.				
My mailing address may be given out.YeMy phone number may be given out.YeMy email address may be given out.YePermission to tag your social media page in Iditarod	s No s No s No posts? Yes No			
The Iditarod Education Department coordinates a m students each year, no return required on your part. If you do not want your contact information to be use				
Should you need a place to stay prior to the Idita	ırod, let us know.			

PLEASE BE SURE YOU HAVE COMPLETED BOTH PAGES OF THIS APPLICATION AND SIGN ABOVE.