

Each Local Contact Must Complete & SIGN A Form

IDITAROD TRAIL COMMITTEE 2025 LOCAL CONTACT #1

**YOU MUST USE A LOCAL CONTACT FROM EITHER
ANCHORAGE, WASILLA, OR BIG LAKE**

PLEASE PRINT!

MUSHER NAME: _____

MUSHER HOME ADDRESS: _____

MUSHER HOME PHONE: _____

NAME OF LOCAL CONTACT #1: _____

I have informed local contact person #1 and local contact person #2 that one or the other will be notified when a dropped dog of mine has arrived in Anchorage. In addition, I have advised both contact persons that dropped dogs must be picked up within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on my Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**MUSHER
SIGNATURE:** _____

LOCAL CONTACT # 1 (In-state) residence phone number: _____

LOCAL CONTACT # 1 (In-state) work phone number: _____

LOCAL CONTACT # 1 cell phone number: _____

LOCAL CONTACT # 1 email address: _____

LOCAL CONTACT # 1 (In-state) residence address: _____

LOCAL CONTACT # 1 (In-state) work address: _____

THE FOLLOWING MUST BE COMPLETED BY LOCAL CONTACT #1:

I have read the foregoing and agree to act as a local contact for _____
musher's name

I understand that I will be responsible for picking up his/her dropped dogs at the Lakefront Anchorage Hotel within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on the musher's Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**LOCAL CONTACT #1
SIGNATURE:** _____ **DATE:** _____

Fax to ITC Office at (907) 373-6998, email: sszelag@iditarod.com,
or mail to: Iditarod Trail Committee
2100 S. Knik-Goose Bay Rd.
Wasilla, AK, 99654

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IDITAROD TRAIL COMMITTEE 2025 LOCAL CONTACT #2

**YOU MUST USE A LOCAL CONTACT FROM EITHER
ANCHORAGE, WASILLA, OR BIG LAKE**

PLEASE PRINT!

MUSHER NAME: _____

MUSHER HOME ADDRESS: _____

MUSHER HOME PHONE: _____

NAME OF LOCAL CONTACT #2: _____

I have informed local contact person #1 and local contact person #2 that one or the other will be notified when a dropped dog of mine has arrived in Anchorage. In addition, I have advised both contact persons that dropped dogs must be picked up within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on my Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**MUSHER
SIGNATURE:** _____

LOCAL CONTACT #2 (In-state) residence phone number: _____

LOCAL CONTACT #2 (In-state) work phone number: _____

LOCAL CONTACT #2 cell phone number: _____

LOCAL CONTACT #2 e-mail address: _____

LOCAL CONTACT #2 (In-state) residence address: _____

LOCAL CONTACT #2 (In-state) work address: _____

THE FOLLOWING MUST BE COMPLETED BY LOCAL CONTACT #2:

I have read the foregoing and agree to act as a local contact for _____
musher's name

I understand that I will be responsible for picking up his/her dropped dogs at the Lakefront Anchorage Hotel within 12 hours of being notified by a representative of the ITC and that any dog needing medical care must be taken immediately to the veterinarian listed on the musher's Dog Care Agreement form or Pet Emergency, unless that dog has already been transported by ITC personnel to a veterinary facility.

**LOCAL CONTACT #2
SIGNATURE:** _____ **DATE:** _____

Fax to ITC Office at (907) 373-6998, email: sszelag@iditarod.com,
or mail to: Iditarod Trail Committee
2100 S. Knik-Goose Bay Rd.
Wasilla, AK, 99654