

Race to the Sky - February 10-14, 2017
Musher Biographical Form

Name _____ Age _____ Social Security # (required) _____

E-mail address _____ Night phone _____

Cell phone _____ Day phone w/area code _____

Married yes _____ no _____ Spouse's name _____

Musher's occupation _____ Year's dog mushing _____

How many dogs do you have _____ Leader's names _____

_____ Breed or background of your kennel _____

Awards, titles, honors you have received _____

How did you get started _____

List all the years you have run Race to the Sky and what places you took _____

Most exciting race ever run _____

Medical issues _____ if yes, what are they _____

_____ Are you an EMT or first aid certified yes _____ no _____

E-mail address & contact name of your local media (newspaper, tv & radio personnel) to send
e-mail updates of your progress (newspaper) _____

(radio) _____

Anything else you would like us to know about you _____

Handler's names _____