



# KEARNEY DOG SLED RACES

## Kearney 10 Dog Stage Race

<b>Team Driver:</b>	
<b>IFSS DID number (optional):</b>	
<b>Address:</b>	
<b>City/Town:</b>	
<b>Prov/State:</b>	<b>Postal Code:</b>
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Driver's Age (if under 18)</b>	

<input type="radio"/> 10 Dog Stage Race (before Jan 15 <sup>th</sup> )	<b>\$ 80.00</b>	
<input type="radio"/> 10 Dog Stage Race (after Jan 15 <sup>th</sup> )	<b>\$100.00</b>	

**Mail form to: Town of Kearney, PO Box 38, Kearney, ON P0A 1M0  
OR Fax to 705-636-0527**

Cheque made payable to: Town of Kearney – Dog Sled Races  
NOTE: Mandatory musher meeting Saturday and Sunday morning

**Waiver/Release:** I agree to be responsible for my conduct, my dogs and handlers and to abide by all decisions of the Race Officials, which are final. I shall not hold the sponsoring/organization/individuals liable for any injury/accident, which may occur during or as a result of the race. I give permission for the free use of my name, voice or picture in any broadcast, advertising promotion or account of this event.

Team Owner: \_\_\_\_\_ Date \_\_\_\_\_

Team Driver: \_\_\_\_\_ Date \_\_\_\_\_

This document must be signed by parent/guardian and minor (if minor is less than 18 years old)	
I, _____ hereby grant permission to allow _____ (my child or charge) to race in the Kearney 10 Dog Stage Race	
<b>Parent/Guardian Signature</b> _____	<b>Date</b> _____
<b>Minor Signature</b> _____	<b>Date</b> _____

## Kearney 10 Dog Stage Race

To qualify to run in the Kearney 10 Dog Stage Race, the musher has to have completed at least one race of 35 miles.

The Race Marshal will check qualification within two weeks of receiving the application to verify.

Please complete a listing of qualifying races in the table below.

Race Name	Year	Office Use

**TEAM**

**DRIVER:** \_\_\_\_\_