



JUNIOR MUSER RACE VOLUNTEER WORK

Non-Profit Organization:

Mailing Address:

Phone Number:

Email Address:

Contact Person:

How will you spend your 10 hours?

By signing this, I agree to the conditions and rules of the junior musher race. I understand that the IPSSDR race committee has the right to use this information for release to the media. I understand that I may be contacted by the media.

Signature of junior musher participant

Date

Signature of parent/legal guardian

Date