

Mannsville Quest Nordic Purebred (Mini Mid-Distance Race)

Sponsored by: The Chesapeake Siberian Husky Club, Garden State Siberian Husky Club, Greater Washington Siberian Husky Club, Seneca Siberian Husky Club, Siberian Husky Club of Delaware Valley and the Pennsylvania Sled Dog Club
Winona State Forest, Lorraine, NY
February 23, 2008

Non-Refundable Entries Fee Must be Paid by Mail, N Later Than February 20, 2008. No Telephone or On-Site Entries will be Accepted.
Please Make Payable in U.S. Funds to: Pennsylvania Sled Dog Club, Inc
If Race is Cancelled for any Reason Entry Fees will be Refunded.
Please Print Legibly:

Driver's Name: _____ **Phone Number:** _____
Address: _____
E-mail: _____
Number of Dogs on Team: _____ **PSDC Member: Yes () No ()**

Fees: _____ **6 Dog - \$60.00** _____ **4 Dog - \$40.00** _____ **2 Dog Pulka - \$30.00**
Entry Fees Include all race fees, & Saturday night Dinner-Awards.
Non-racers and or Handlers can purchase Dinner tickets for \$ 15.00 per person
Children under 15 years of age Dinner tickets for \$7.50 per person
Non-Racer # _____ X's \$15.00 per person = _____
Handler(s) # _____ X's \$15.00 per person = _____
Children # _____ X's \$ 7.50 per person = _____
Total Fees Paid: _____

Names of AKC- Registered Nordic Purebreds on Team, and AKC Number:

Name	AKC, CKC, UKKC or AKC ILP #
1). _____	_____
2). _____	_____
3). _____	_____
4). _____	_____
5). _____	_____
6). _____	_____

I agree to be responsible for my conduct and that of my helpers and dogs. I will not hold liable for any reason whatsoever any sponsors of the race or the Chesapeake Siberian Husky Club, Garden State Siberian Husky Club, Greater Washington Siberian Husky Club, Seneca Siberian Husky Club, Siberian Husky Club of Delaware Valley or the Pennsylvania Sled Dog Club. I understand and agree to complete under the ISDRA rules and the official decision (s) at the race. I certify that the information presented above is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Parent or Guardian if under 18 years of age:
_____ **Date:** _____

Office use only: Bib Number: _____
Computer entry: _____ **Payment method:** _____
Official (s): _____

Registrar: Nancy L Aubrey
14 Gold Street
Norwich, New York 13815-1512