



2024 LOCAL CONTACT FORM

Please submit this form to the Yukon office by **January 20th, 2024**. The information on this form will assist the Yukon Quest in contacting you and your race support team for dropped dogs, important notices and general communications. **Please fill in ALL information on this form.**

MUSHER NAME: _____

Emergency Contact Person (not your handler): _____

Phone for that person: _____

DOG TRUCK INFO

Overall length of vehicle – we require this info for parking plan at Shipyards

Vehicle Length _____ **meters** **Trailer Length** _____ **meters**

Will your truck be following the race? Yes ___ or No ___

Make _____ Model _____ Color _____

License # _____ State/Terr/Prov _____ Dog Box Color _____ Other truck details _____

HANDLER INFO

Will you have a handler following the race? Yes _____ No _____

Name(s): _____ Cell phone (if applicable): _____

Emergency Contact Name: _____ **Phone:** _____

WHITEHORSE ACCOMMODATION INFO

Hotel	Private Home
Hotel Name: _____	Family/ Contact Name: _____
Phone Number: _____	Contact Name: _____
Name on room booking: _____	Phone Number: _____
	Alternative Phone: _____

Please contact the Whitehorse office with any questions.

Yukon Quest International Association (Canada)

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