



IDITAROD TRAIL INTERNATIONAL SLED DOG RACE QUALIFYING RACE MUSHER ASSESSMENT FORM



The purpose of this is to inform members of the Iditarod Trail International Sled Dog Race Qualifying Review Board about the performance of a musher in an approved qualifying race. This form is to be completed by both the Race Marshal and Chief Veterinarian in an objective and timely fashion. In the event that a conflict of interest is present, substitute race officials may be utilized. Please return the form directly to the Iditarod Trail Committee at the address listed at the bottom of this form.

<i>Race Name:</i>	<i>Date Race Was Held:</i>
<i>Your Name:</i>	<i>Your Phone:</i>
<i>Your Official Role:</i>	<i>Date This Form Submitted:</i>
<i>Your Iditarod Experience</i>	<i>Iditarod Experience cont'd</i>
<i>Musher Name:</i>	<i>Number Of Teams In Race:</i>
<i>Starting Position Of Musher:</i>	<i>Finishing Position Of Musher:</i>

Please assess the musher in the following categories. Abbreviations are: EX—Excellent, AVE – Average, PR – Poor, N/A—Not Applicable. “N/A” should be utilized if you believe that the challenges were not sufficient for proper evaluation in that category or if you believe your knowledge is insufficient to make a determination. Any additional comments can be made on the back of the paper.

MUSHER PERSONAL ASSESSMENT		EX	AVE	PR	N/A	COMMENTS
1	Cold Weather Preparedness And Tolerance					
2	Sleep Deprivation Tolerance					
3	Physical Stamina					
4	Mental Perseverance					
5	General Attitude					
6	Compliance With Race Rules And Policies					
7	Driving Skills					
8	Wilderness Survival Skills					
9	Organization And Efficiency					
10	Equipment Selection					
11	Desire To Compete					
12	Ability To Compete					
MUSHER DOG CARE ASSESSMENT		EX	AVE	PR	NA	COMMENTS
1	Condition Of Dogs At Start Of Race					
2	Condition Of Dogs At Finish Of Race					
3	Attitude Toward Dogs					
4	Communication With Race Veterinarians					
5	Musher Interaction With People					
6	Control Of Team					
7	Management Of Females In Heat					
8	Feeding Program					
9	Foot Care					

PLEASE RETURN TO: RULES COMMITTEE, IDITAROD TRAIL COMMITTEE, PO BOX 870800, WASILLA, AK 99687