



Event Start/Ending Location:

**I-90 Motorsports
200 NE Gilman Blvd
Issaquah, WA 98027**

**2005 Regional SS1000 Witness Form
Issaquah, Washington**

This witness form is for: _____
(Riders Name and address) _____

License Number: _____ License State: _____

Bike Year: _____ Make: _____ Model: _____

Information for Start of Ride

Date: _____ Odometer Reading: _____

Time: _____ A.M. P.M. Time Zone: _____

Starting Witness Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____ Time: _____

Information for End of Ride

Date: _____ Odometer Reading: _____

Time: _____ A.M. P.M. Time Zone: _____

Ending Witness Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____ Time: _____



2005 Regional SS1000 Witness Form

Issaquah, Washington

(Document all gas stops and any other stops longer than 20 minutes)

(Fill in Name and Address above)

#	Date	Time (Zone)	Location	Odometer Reading	GPS Reading
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					



2005 Regional SS1000 Witness Form

Issaquah, Washington

(Document all gas stops and any other stops longer than 20 minutes)

(Fill in Name and Address above)

#	Date	Time (Zone)	Location	Odometer Reading	GPS Reading
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					