



Event Start/Ending Location:

**7-Eleven  
45100 N Gratiot Ave  
Macomb, MI 48042**

**2007 Regional SS1000 Witness Form  
Clinton Township Michigan Primary Route**

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: \_\_\_\_\_



**2007 Regional SS1000 Witness Form**

**Clinton Township Michigan**

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

(Fill in Name and Address above)

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



## 2007 Regional SS1000 Witness Form

### Clinton Township Michigan

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

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(Fill in Name and Address above)

#	Date	Time-In (Zone)	Time-out (Zone)	Location	Odometer Reading
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					