

Event Start/Ending Location: M Resort (Convenience Store) Las Vegas Blvd and St Rose Parkway Las Vegas, NV

2009 Regional SS1000 Witness Form

September 26, 2009 Las Vegas, NV Alternate Route

This witness for (Riders Name A	ddress)			_
License Number:		License Stat	e:	_
Bike Year:	Make:	Mode	1:	_
	Informat	tion for Start of Ride		
Date:		Odometer Reading:		_
Time:	A.M. P.M.	Time Zone:		_
	Starting V	Witness Information		
Name:		Phon	e:	
Address:				
City:		State:	Zip:	
Signature:		Date:	Time:	
	Information	for End of Ride		
Date:		Odometer Reading:		
Time:	A.M. P.M.	Time Zone:		_
	Ending Witt	ness Information		
Name:		Phon	e:	
Address:				
City:		State:	Zip:	
Signature:		Date:	Time:	



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Las Vegas, NV

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

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

(Fill in Name and Address above)



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

#	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					

(Fill in Name and Address above)