



**July 2010 Top/Down/Up
Witness Form**

Event Start Location:
Angle Inlet, MN

Mid-point / turn around location
Key West, FL

Event Ending Location:
Angle Inlet, MN

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

License Number: _____ License State: _____

Bike Year: _____ Make: _____ Model: _____

Information for Start of Top/Down/Up in Angle Inlet, MN

Date: _____ Odometer Reading: _____

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

Starting Witness Information (Must be official MTF witness)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____ Time: _____



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Witness Form
 (page 2)
 (Document all gas stops and any other stops longer than 20 minutes)

Information for Mid-point of Top/Down/Up in Key West, FL

Date: _____ Odometer Reading: _____
 Time: _____ A.M. P.M. Time Zone: _____

Key West Witness Information (Must be official MTF witness)

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Signature: _____ Date: _____ Time: _____

Information for End of Top/Down/Up in Angle Inlet, MN

Date: _____ Odometer Reading: _____
 Time: _____ A.M. P.M. Time Zone: _____

Ending Witness Information (Must be official MTF witness)

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Signature: _____ Date: _____ Time: _____



July 2010
Top/Down/Up
Ride Log
 (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					



**July 2010
Top/Down/Up**

Ride Log

(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
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					



**July 2010
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Ride Log

(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
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					



**July 2010
Top/Down/Up**

Ride Log

(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
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					



**July 2010
Top/Down/Up**

Ride Log

(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
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					