

## Phoenix, AZ 2020 Regional SS1000 Witness Form

#### Event Start/Ending Location:

### **Chevron Station**

5002 E Chandler Blvd Phoenix AZ

### April 25, 2020 SaddleSore 1000 Ride

This witness form for:	is			
(Riders Name Address	)			
License Number:				
Bike Year:	Make:	Model:		
	Informat	ion for Start of Ride		
Date:	_	Odometer Reading:		
Time:		Time Zone:		
	Starting V	Vitness Information		
Name:		Phone	:	
Addross.				
City:		State:	Zip:	
Signature:		Date:	Time:	
	Information	for End of Ride		
Date:	_	Odometer Reading:		
Time:	A.M. P.M.	Time Zone:		
	<b>Ending Witr</b>	ness Information		
Name:		Phone	:	
Address:				
City:		State:	Zip:	
Signature:		Date:	Time:	



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### Phoenix, AZ

(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					



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### Phoenix, AZ

(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					