

BUG TEETH Certification Witness End Form

This is a witness statement for _____, who is certifying their start time and place for a Bugteeth distance certification.

Full name of witness _____

Relationship if any _____

Email address _____

Best phone number to contact _____

Date: _____ Time: _____

Address of Start point: _____

Motorcycle, Tripod or Cage used: _____

Odometer reading: _____

By signing below I certify to be a witness to the date, time, odometer reading and location of the person attempting this challenge.

Printed name of Witness

Signature of Witness

Printed name of Rider/ Driver

Signature of Rider/Driver

The Witness will be contacted as part of the verification process, once contacted they will not be contacted again and Bugteeth will not sell any contact information. Bugteeth nor any of its affiliates hold zero responsibility for the safety or representation of any Rider or Driver.

BUG TEETH Certification Witness Start Form

This is a witness statement for _____, who is certifying their END time and place for a Bugteeth distance certification.

Full name of witness _____

Relationship if any _____

Email address. _____

Best phone number to contact _____

Date: _____

Time: _____

Address of start point: _____

Motorcycle, Tripod or Cage used: _____

Odometer reading: _____

By signing below I certify to be a witness to the date, time, odometer reading and location of the person attempting this challenge.

Printed name of Witness

Signature of Witness

Printed name of Rider/ Driver

Signature of Rider/Driver

The Witness will be contacted as part of the verification process, once contacted they will not be contacted again and Bugteeth will not sell any contact information. Bugteeth nor any of its affiliates hold zero responsibility for the safety or representation of any Rider or Driver.

