



Fill out form completely and return to:

BMWDFW  
P.O. Box 132  
Bedford, TX 76095-0132

## **BMWDFW Individual Mileage Form**

November 15 to October 15

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### **BMW Motorcycle(s) Ridden in Contest:**

| Year/Model | Starting Mileage | Ending Mileage | Ending Date |
|------------|------------------|----------------|-------------|
| 1. _____   |                  |                |             |
| 2. _____   |                  |                |             |
| 3. _____   |                  |                |             |
| 4. _____   |                  |                |             |
| 5. _____   |                  |                |             |

### **Witnesses:**

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

Date: \_\_\_\_\_