

Port Huron Harley Owners Group Mileage Contest

ENDING/STARTING REGISTRATION FORM

(Your copy)

Owners Name: _____ Date: _____

Model Year: _____ Model of Harley Davidson: _____

License Plate Number: _____ Mileage: _____ Last four of V.I.N: _____

Please-Print-Verification's-Name: _____

Verification's Signature: _____

ENDING/STARTING REGISTRATION FORM

(Our copy)

Owners Name: _____ Date: _____

Model Year: _____ Model of Harley Davidson: _____

License Plate Number: _____ Mileage: _____ Last four of V.I.N: _____

Please Print Verification's Name: _____

Verification's Signature: _____