

Date: _____

THRILL THE WORLD _____ **ID #** _____

Date and Time (A.M. / P.M. GMT)

WITNESS STATEMENT

Name of Person Submitting Record: _____ Date: _____

Witness Name: _____ Phone _____ E-Mail _____

Address: _____

Position and/or relevance to record: _____

By completing this form you are attesting the information provided is true and accurate, that you witnessed the event and there is no reason to believe what was witnessed was anything other than stated, i.e., there is no evidence of deceit and that any apparatus involved was not gaffed or rigged in any fashion.

Describe in your own words and in detail the event so witnessed (date, time, conditions, outcome, etc.):

NAME OF EVENT: _____

EVENT LOCATION: _____

EVENT ID: # _____

DESCRIPTION OF EVENT _____

WHERE WAS EVENT SPECIFICALLY _____

NUMBER OF DANCERS _____

HOW WAS NUMBER DETERMINED _____

LOCATION OF WITNESS DURING EVENT _____

SIGNED _____

DATE: _____

