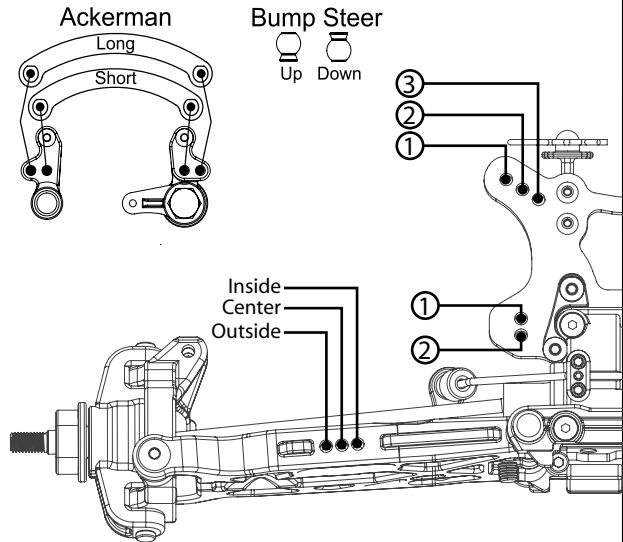


Name: _____	Date: _____ Event: _____
City: _____ State: _____	Track: _____
Track Conditions: <input type="checkbox"/> Indoor <input type="checkbox"/> Tight <input type="checkbox"/> Smooth <input type="checkbox"/> Hard Packed <input type="checkbox"/> Blue Groove <input type="checkbox"/> Wet <input type="checkbox"/> Low Bite <input type="checkbox"/> High Bite <input type="checkbox"/> Outdoor <input type="checkbox"/> Open <input type="checkbox"/> Rough <input type="checkbox"/> Loose/Loamy <input type="checkbox"/> Dry <input type="checkbox"/> Dusty <input type="checkbox"/> Med Bite <input type="checkbox"/> Other _____	

Front Suspension

Toe: _____
 Ride Height: _____
 Camber: _____
 Caster: _____
 Sway Bar: _____
 Piston/Oil: _____
 Spring: _____
 Limiter/Droop: _____
 Overall Shock Length: _____
 Steering Ackerman: _____
 Bump Steer: _____
 Camber Link: _____
 Shock Location: _____
 Front Diff Fluid: _____

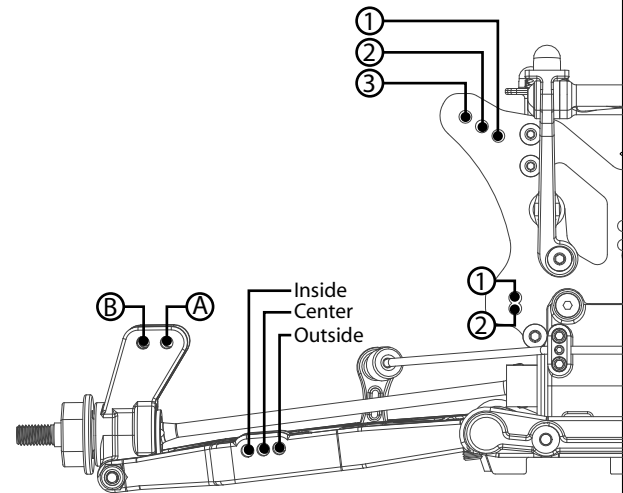
 Center Diff Fluid: _____



Notes:

Rear Suspension

Toe: _____
 Anti-Squat: _____
 Ride Height: _____
 Camber: _____
 Rear Hub Spacing: _____
 Sway Bar: _____
 Piston/Oil: _____
 Spring: _____
 Limiter/Droop: _____
 Overall Shock Length: _____
 Camber Link: _____
 Shock Location: _____
 Rear Diff Fluid: _____



Notes:

Electronics

Motor: _____
 ESC: _____
 Battery: _____ Gearing: _____

Notes