

Name: _____		Date: _____		Event: _____																					
City: _____		State: _____		Track: _____																					
<table style="width:100%; font-size: 0.8em;"> <tr> <td>Track</td> <td><input type="checkbox"/> Indoor</td> <td><input type="checkbox"/> Tight</td> <td><input type="checkbox"/> Smooth</td> <td><input type="checkbox"/> Hard Packed</td> <td><input type="checkbox"/> Blue Groove</td> <td><input type="checkbox"/> Wet</td> <td><input type="checkbox"/> Grass</td> <td><input type="checkbox"/> Low Bite</td> <td><input type="checkbox"/> High Bite</td> </tr> <tr> <td>Conditions</td> <td><input type="checkbox"/> Outdoor</td> <td><input type="checkbox"/> Open</td> <td><input type="checkbox"/> Rough</td> <td><input type="checkbox"/> Loose/Loamy</td> <td><input type="checkbox"/> Dry</td> <td><input type="checkbox"/> Dusty</td> <td><input type="checkbox"/> Astro Turf</td> <td><input type="checkbox"/> Med Bite</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>						Track	<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"/> Grass	<input type="checkbox"/> Low Bite	<input type="checkbox"/> High Bite	Conditions	<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"/> Astro Turf	<input type="checkbox"/> Med Bite	<input type="checkbox"/> Other _____
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Front Suspension

Toe: _____

Ride Height: _____

Camber: _____

Caster: ☐ 0° ☐ 3° ☐ 5° ☐ 10°

Kick Angle: ☐ 20° ☐ 25° ☐ 30°

Sway Bar: _____

Oil: _____

Piston: _____

Spring: _____

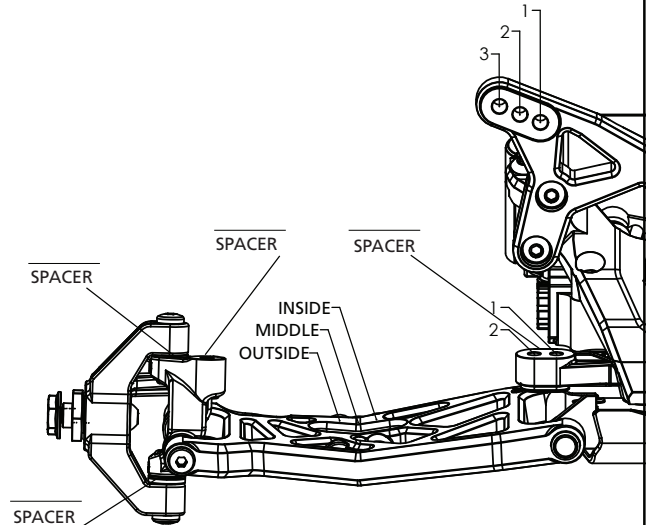
Spindle Type: ☐ Inline ☐ Trailing

Shock Limiters: _____

Shock Location: _____

Bump Steer: _____

Camber Link: _____



Notes: _____

Rear Suspension

Chassis Configuration: ☐ Rear Motor ☐ Mid Motor

Toe: _____

Anti-Squat: _____

Roll Center: ☐ Low Roll Center (LRC) ☐ High Roll Center (HRC)

Ride Height: _____

Camber: _____

Rear Hub Spacing: _____

Hex Width: _____

Sway Bar: _____

Oil: _____

Piston: _____

Spring: _____

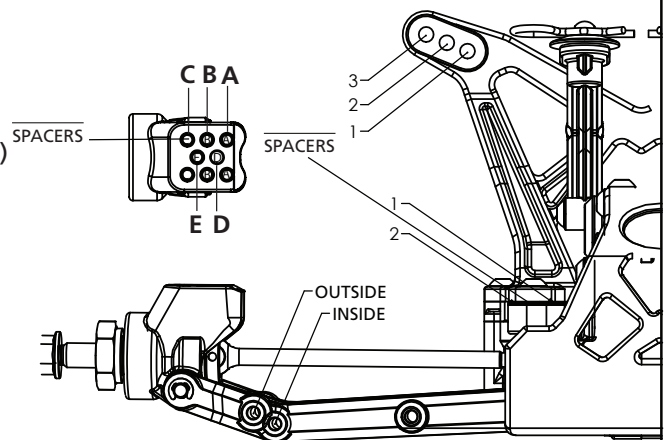
Shock Limiters: _____

Camber Link: _____

Shock Locations: _____

Wing/Wickerbill: _____

Battery Position: _____



Electronics

Radio: _____	Timing Advance: _____
Servo: _____	Throttle/Brake Expo: _____
ESC: _____	Servo Expo: _____
Initial Brake: _____	Throttle/Brake EPA: _____
Drag Brake: _____	Motor: _____
Throttle Profile: _____	Pinion: _____ Spur: _____
	Battery: _____

Weight Placement
(Mark with "X")



Weight of
each piece _____ oz./g

Tires	Compound	Insert	Additive
Front: _____	_____	_____	_____
Rear: _____	_____	_____	_____
Notes: _____	_____		