

| | |
|---|--------------|
| Name: _____ | Date: _____ |
| City: _____ | Event: _____ |
| State: _____ | Track: _____ |
| 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 _____ | |

Front Suspension

Toe: _____

Ride Height: _____

Camber: _____

Caster: 0° 3° 5° 10°

Kick Angle: 20° 25° 30°

Sway Bar: _____

Oil: _____

Piston: _____

Spring: _____

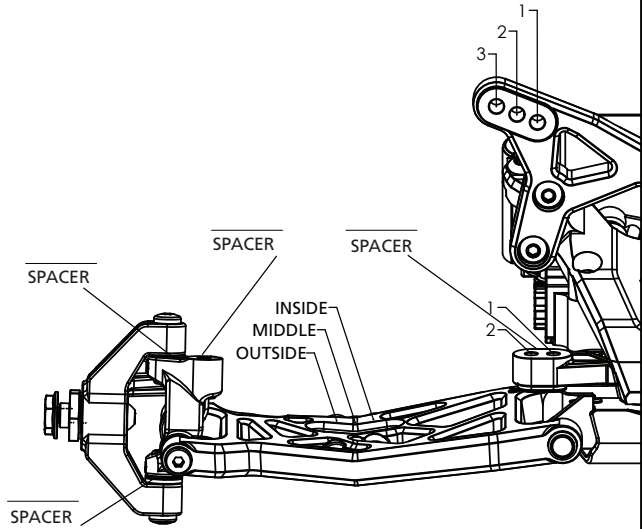
Spindle Type: Inline Trailing

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: _____

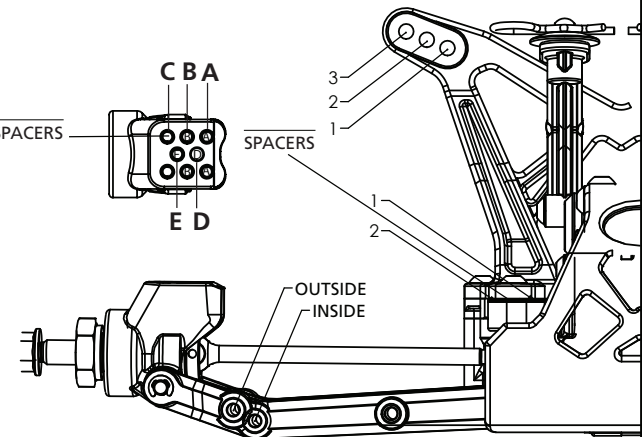
Shock Limiters: _____

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: _____ | | | | |