

Driver _____ **Date** _____ **Track** _____ **Event** _____
Track Condition _____

Front

Shocks: A B C Type _____
 Ride Height _____
 Camber Angle _____
 Toe Angle _____
 Sway Bar _____
 Droop _____
 Caster Angle: 15° 17.5° 20°

Shocks

Oil _____

Piston _____

Bladder _____

Spring _____

Notes _____

Rear

Shocks: A B C Type _____
 Ride Height _____
 Camber Angle _____
 Sway Bar _____
 Droop _____
 Caster Angle: 15° 17.5° 20°

Shocks

Oil _____

Piston _____

Bladder _____

Spring _____

Notes _____

Front Arm Caps _____
 Rear Arm Caps _____
 Pipe Brand / Model _____

Notes _____

Engine

Brand _____

Spur gear _____ Clutch Bell _____

Clutch Shoe _____

Clutch Springs _____

Glow Plug _____

Glow Fuel _____

Diff Oils

Brand _____

Oil _____

Tire	Front	Rear
Brand	_____	_____
Compound	_____	_____
Insert	_____	_____
Wheel	_____	_____
Notes	_____	_____