

RACER
 NAME _____
 CITY _____
 COUNTRY _____
 CONTACT _____
 COMMENT _____

RACE _____ **DATE** _____
TRACK _____ **RESULT**
 TRACK CONDITION ASPHALT CARPET
 TECHNICAL MIXED FAST
 TRACTION LOW MEDIUM HIGH
 RACE LENGTH / minutes _____ AIR TEMPERATURE °F or °C _____
 QUALIFYING POSITION _____
 BEST LAP TIME / sec _____
 FINAL POSITION _____

FRONT	REAR
TRANSMISSION	
DIFFERENTIAL	
<input type="checkbox"/> LOOSE <input type="checkbox"/> MEDIUM <input type="checkbox"/> TIGHT	<input type="checkbox"/> LOOSE <input type="checkbox"/> MEDIUM <input type="checkbox"/> TIGHT
ONE WAY DIFF. <input type="checkbox"/> YES	
ONE WAY PULLEY _____ %	<input type="checkbox"/> FIXED
PINION / T _____	SPUR GEAR / T _____
FINAL DRIVE RATIO _____	ROLLOUT _____
SHOCKS	
<input type="checkbox"/> ALU <input type="checkbox"/> PLASTIC	<input type="checkbox"/> ALU <input type="checkbox"/> PLASTIC
OIL / W _____	XRAY SPRINGS
	<input type="checkbox"/> RED <input type="checkbox"/> PURPLE <input type="checkbox"/> VIOLET <input type="checkbox"/> BLUE <input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW
OTHER _____	OTHER _____
	LENGTH / mm _____
	PRELOAD / mm _____
<input type="radio"/> OPENED <input type="radio"/> CLOSED	HOLES IN PISTON
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> 0 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90	
TIRES	
DIAMETER / mm _____	
WIDTH / mm _____	
INSERTS _____	
TRACTION COMPOUND _____	

MOTOR
 ARMATURE _____
 WINDS _____ STRANDS _____
 + SPRING _____ - SPRING _____
 BRUSH FACE _____
 BRUSH COMPOUND _____
SPEED CONTROLLER
 LIMITER / A _____ DRIVE FREQUENCY / MHz _____
 INITIAL BRAKE / % _____ DRAG BRAKE ON OFF
BATTERIES _____
BODY _____

