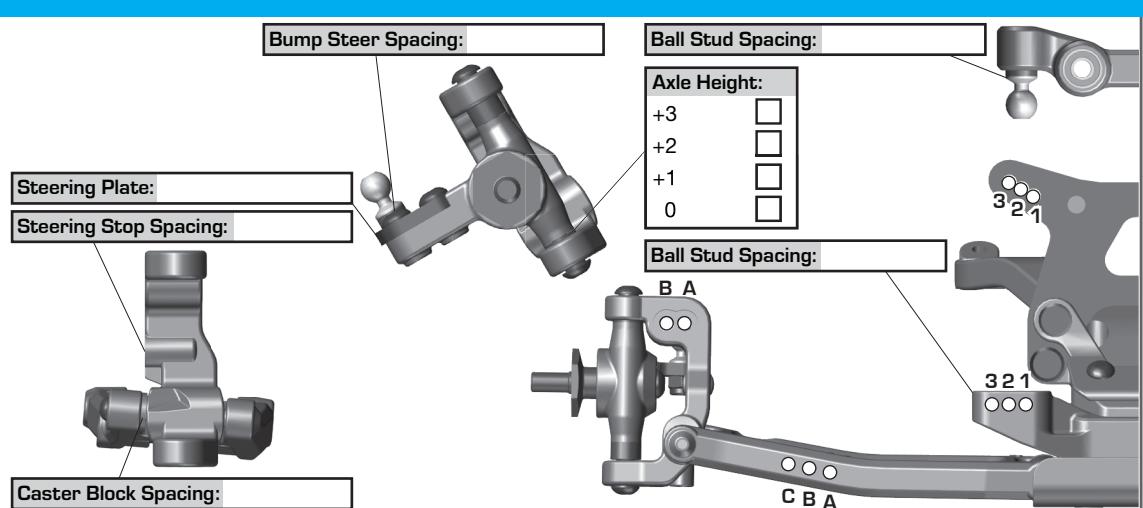


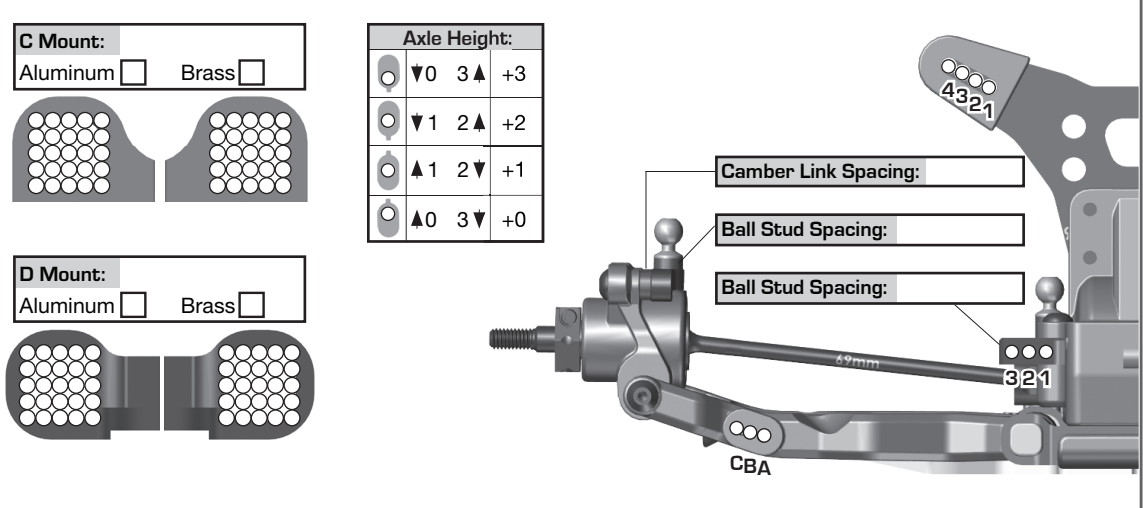
Front Suspension:

Ride Height:
Camber:
Toe:
Anti-Roll Bar:
Arm Type:
Tower Type:
Wheel Hex:
Steering Block:
Caster Block Insert:
Bulkhead Type:
Kick-Up Angle:
Notes:

Bump Steer Spacing:	Ball Stud Spacing:	
Steering Plate:	Axle Height: +3 <input type="checkbox"/> +2 <input type="checkbox"/> +1 <input type="checkbox"/> 0 <input type="checkbox"/>	
Steering Stop Spacing:	Ball Stud Spacing:	
Caster Block Spacing:	B A	
	C B A	

Rear Suspension:

Ride Height:
Camber:
Anti-Roll Bar:
Arm Type:
Tower Type:
Arm Spacing:
Wheel Hex:
Shock Mounting Position: Front of Arm <input type="checkbox"/> Rear of Arm <input type="checkbox"/>
Hub Spacing: Fwd <input type="checkbox"/> Mid <input type="checkbox"/> Back <input type="checkbox"/>
CVA Bone Length:
CVA Axle Type:
Notes:

C Mount: Aluminum <input type="checkbox"/> Brass <input type="checkbox"/>	Axle Height: ▼0 3 ▲ +3 ▼1 2 ▲ +2 ▲1 2 ▼ +1 ▲0 3 ▼ +0	
D Mount: Aluminum <input type="checkbox"/> Brass <input type="checkbox"/>		
Camber Link Spacing:		
Ball Stud Spacing:		
Ball Stud Spacing:		

Electronics:

Radio:	Servo:
EPA: Throttle: %	Brake: %
ESC:	
ESC Settings:	
Motor:	
Wind:	Timing:
Pinion:	Spur:
Battery:	
Battery Position:	
Battery Weight:	

Drivetrain:

Transmission:
Laydown: <input type="checkbox"/> Layback: <input type="checkbox"/>
Differential: Ball Diff: <input type="checkbox"/>
Height: _____ Gear Diff: <input type="checkbox"/>
Gear Diff Mass: _____
Notes:
Slipper Clutch:
Type: _____
of Pads: _____
Setting: _____

Shocks:

	Front	Rear
Piston:		
Fluid:		
Spring:		
Limiters:	Int: _____ Ext: _____	Int: _____ Ext: _____
Stroke:		
Eyelet Length:		
Cup Offset:		
Notes:		



Track Info:

Size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/>
Surface: Dirt <input type="checkbox"/> Carpet <input type="checkbox"/> Astroturf <input type="checkbox"/> Multi Surface <input type="checkbox"/>
Traction: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High <input type="checkbox"/>
Moisture: Dry <input type="checkbox"/> Damp <input type="checkbox"/> Wet <input type="checkbox"/>
Condition: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Dusty <input type="checkbox"/> Hard Packed <input type="checkbox"/> Bumpy <input type="checkbox"/> Grooved <input type="checkbox"/> Smooth <input type="checkbox"/> Loamy <input type="checkbox"/>
Temperature: Ambient: _____ Track: _____
Notes:
Vehicle Comments:

Tires:

Front Tires:
Front Compound:
Front Insert:
Rear Tires:
Rear Compound:
Rear Insert:
Wheel (F/R):
Notes:

Body, Weight:

Body:
Front Wing:
Rear Wing:
Wing Angle:
Chassis Length:
Servo Weights:
Electronic Weights:
Total Vehicle Weight: