

# SET UP



NAME	RACE	DATE	SURFACE
<b>FRONT SPRING</b> 18 / 0.45 <input type="checkbox"/> 22 / 0.50 <input type="checkbox"/> 26 / 0.55 <input type="checkbox"/>		<b>CAMBER</b>  L <input type="text"/> ° R <input type="text"/> °	<b>FRONT TIRES</b>  Brand _____ Hardness _____ Diameter _____ Additive _____ Additive time _____ Treated surface _____
<b>FRONT SUSPENSION BRACKET</b> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/>			
<b>RIDE HEIGHT SPACER</b> 0.5 <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/>		<b>TOE</b>  L <input type="text"/> ° R <input type="text"/> °	<b>REAR TIRES</b>  Brand _____ Hardness _____ Diameter _____ Additive _____ Additive time _____ Treated surface _____
<b>SUSPENSION INSERT</b> Narrow <input type="checkbox"/> Mid <input type="checkbox"/> Wide <input type="checkbox"/>			
<b>CASTER SPACERS</b> All in front <input type="checkbox"/> Medium <input type="checkbox"/> All in back <input type="checkbox"/>		<b>RIDE HEIGHT FRONT</b> 	<b>SPUR GEAR</b>  Pitch _____ Teeth _____
<b>UPPER ARM INSERTS</b> Inside <input type="checkbox"/> Outside <input type="checkbox"/>		<b>TRACK WIDTH</b> 	
<b>CENTER SPRING</b> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 14 <input type="checkbox"/>		<b>SCHOCKTOWER CENTER</b> 	<b>PINION GEAR</b>  Pitch _____ Teeth _____
<b>SHOCK OIL</b> <input type="checkbox"/> <b>PISTON</b> <input type="checkbox"/> 		<b>RIDE HEIGHT REAR</b> 	<b>ROLL OUT</b>
<b>SIDE SPRING</b> 4.5 <input type="checkbox"/> 6.0 <input type="checkbox"/> 5.0 <input type="checkbox"/> 6.5 <input type="checkbox"/> 5.5 <input type="checkbox"/> 7.0 <input type="checkbox"/>		<b>POD DROOP</b> 	
<b>TUBE OIL</b> CST.		<b>BATTERY</b> Brand _____ Type/Cap. _____	<b>MOTOR</b> Brand _____ Turns _____ Timing _____ 
<b>AXLE INSERT</b> 0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 0.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 1.5 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/>		<b>BATTERY POSITION</b> Left <input type="checkbox"/> Right <input type="checkbox"/>	
<b>BODY</b> Brand / Type _____ / _____			
<b>REMARKS</b> _____ _____ _____			