

DRIVER, TRACK AND RESULTS

DRIVER _____ **COUNTRY** _____ **WEATHER** AIR TEMP _____ TRACK TEMP _____ DRY INTERMEDIATE WET
RACE _____ **DATE** _____ **QUALY POS.** _____ **STARTING POS.** _____ **FINAL POS.** _____ **FASTEST LAP** _____
TRACK _____ **TYPE** TIGHT MEDIUM OPEN **GRIP** LOW MEDIUM HIGH
SURFACE CONDITION SMOOTH ROUGH
TYPE HARD PACKED CLAY MULTI/SURFACE GRASS BLUE GROOVE DIRT ASTRO-TURF

FRONT SHOCK ABSORBERS		REAR	
cst	OIL		cst
SPRINGS			
mm	REBOUND		mm
N° HOLES	Ø mm	PISTONS	N° HOLES Ø mm
<input type="checkbox"/> STRAIGHT <input type="checkbox"/> ANGLED	HOLES TYPE	<input type="checkbox"/> STRAIGHT <input type="checkbox"/> ANGLED	
<input type="checkbox"/> BLADDER	SEAL TYPE	<input type="checkbox"/> BLADDER	
<input type="checkbox"/> EMULSION		<input type="checkbox"/> EMULSION	

ANTI-ROLL BARS	
FRONT ANTI-ROLL BAR _____ mm	REAR ANTI-ROLL BAR _____ mm

DIFFERENTIALS		
FRONT DIFF <input type="checkbox"/> HTD <input type="checkbox"/> STD	CENTER DIFF <input type="checkbox"/> HTD <input type="checkbox"/> STD	REAR DIFF <input type="checkbox"/> HTD <input type="checkbox"/> STD
_____ cst	_____ cst	_____ cst

GEARING	
CLUTCH BELL _____ Teeth	SPUR GEAR _____ Teeth

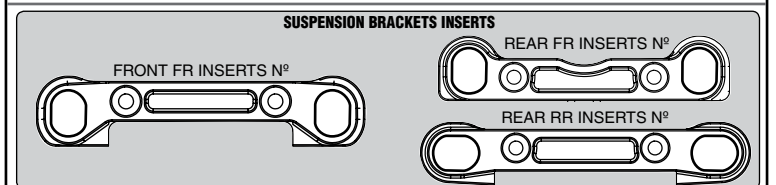
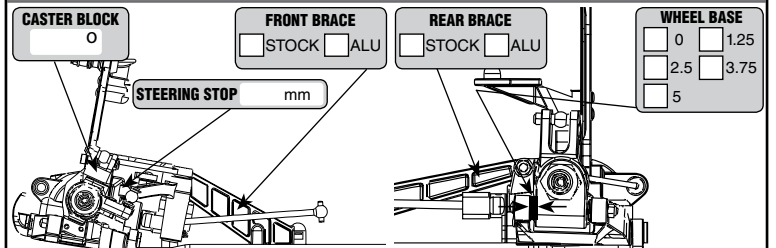
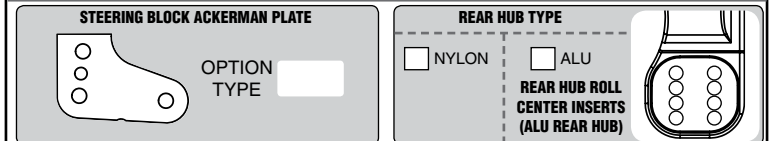
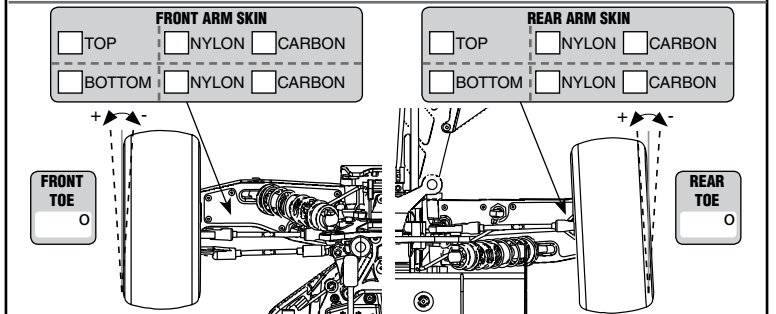
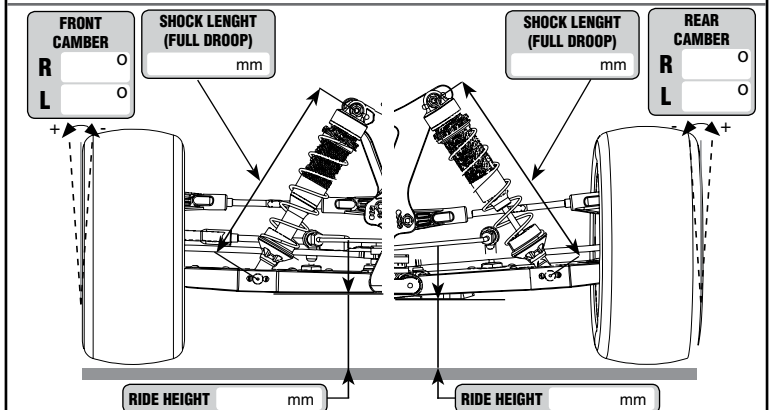
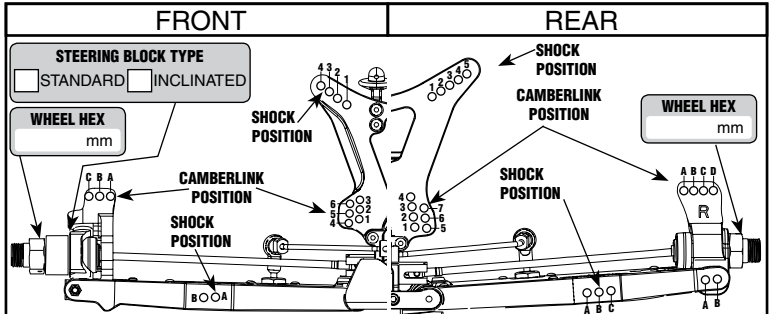
CLUTCH	
<input type="checkbox"/> STANDARD <input type="checkbox"/> VENTED	<input type="checkbox"/> STEEL <input type="checkbox"/> ALU
CLUTCH SHOES _____ x _____ with SPRINGS TYPE _____ mm	CLUTCH SPRINGS _____ mm
SHOE TYPE _____ x _____ with SPRINGS TYPE _____ mm	

ENGINE, PIPE AND FUEL	
ENGINE BRAND _____ TYPE _____	
HEADSHIMS _____ mm	GLOWPLUG _____ CARB Ø _____ mm
EXHAUST PIPE _____	MANIFOLD _____
FUEL BRAND _____	NITRO _____ %

FLEX CONFIGURATION	
ENGINE MOUNT <input type="checkbox"/> STANDARD <input type="checkbox"/> MONOBLOCK	

AERODYNAMIC CONFIGURATION	
BODY <input type="checkbox"/> STANDARD <input type="checkbox"/> HIGH DOWNFORCE <input type="checkbox"/> OTHER _____	
WING	
TYPE _____	WING PLATES <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°
GURNEY STRIP <input type="checkbox"/> YES <input type="checkbox"/> NO	CENTER FOIL <input type="checkbox"/> YES <input type="checkbox"/> NO

TIRES	
FRONT _____	Controlled Tire <input type="checkbox"/> REAR _____
MAKE _____	
TYPE _____	
INSERTS _____	
WHEELS _____	



REMARKS