

Name:	Date:	Event:	Track:
Track Conditions			
<input type="checkbox"/> Indoor	<input type="checkbox"/> Tight	<input type="checkbox"/> Smooth	<input type="checkbox"/> Hard Packed
<input type="checkbox"/> Blue Groove	<input type="checkbox"/> Wet	<input type="checkbox"/> Low Bite	<input type="checkbox"/> High Bite
<input type="checkbox"/> Outdoor	<input type="checkbox"/> Open	<input type="checkbox"/> Rough	<input type="checkbox"/> Loose/Loamy
<input type="checkbox"/> Dry	<input type="checkbox"/> Dusty	<input type="checkbox"/> Med Bite	<input type="checkbox"/> Other

Front Suspension

Ride Ht	
Camber	
Toe	
Sway Bar	
Notes:	

