

2nd ANNUAL TEAM JANICA RACING

MARK HAENLEIN MEMORIAL

TRACK DAY 8/10 - 11, 2013

GINGERMAN RACEWAY SELF-TECH FORM

Bring this form with you to the event – DO NOT MAIL WITH APPLICATION

Driver Name _____

Address _____ City _____ State _____ Zip _____

Make _____ Model _____ Year _____ Color _____

Driver License State/Number ____/____ Car Plate Number _____

Pass	Lights	Pass	Interior
<input type="checkbox"/>	Headlights L/R	<input type="checkbox"/>	Steering Wheel Play
<input type="checkbox"/>	Front Turn Signals L/R	<input type="checkbox"/>	Brake Pedal Firmness
<input type="checkbox"/>	Rear Turn Signals L/R	<input type="checkbox"/>	Seat Belts/Anchors
<input type="checkbox"/>	Tail Lights L/R	<input type="checkbox"/>	Fire Extinguisher Mounting
<input type="checkbox"/>	Brake Lights L/R		
	Engine Compartment		Breaks, Wheels and Tires
<input type="checkbox"/>	Fan Belt/Tight/Cracks	<input type="checkbox"/>	Shocks LF/RF/RR/LR
<input type="checkbox"/>	Fuel/Oil Leaks	<input type="checkbox"/>	Tire Wear
<input type="checkbox"/>	Hoses and Wiring Secure	<input type="checkbox"/>	Wheel Bearings
<input type="checkbox"/>	Transmission Leaks	<input type="checkbox"/>	Rotors Scored/Cracks
<input type="checkbox"/>	Throttle Linkage Travel	<input type="checkbox"/>	Brake Fluid Reservoir Full, Fluid Fresh & Clear
<input type="checkbox"/>	Throttle Linkage Return	<input type="checkbox"/>	Brake Pads, Lines, Calipers
	Suspension		Miscellaneous
<input type="checkbox"/>	Suspension Travel Noises	<input type="checkbox"/>	Spare Tire Secure or Out
<input type="checkbox"/>	Suspension Mounting, Rust	<input type="checkbox"/>	Battery Secure
<input type="checkbox"/>	CV Joints, Tight and Dry	<input type="checkbox"/>	Windshield Wipers

Outstanding items to be inspected: Yes No

Inspect Result: Pass Fail

The car's owner understands that they are solely responsible for the car's safe operating condition. Some items listed above may require inspection by an authorized independent shop. Use your discretion wisely.

Helmet Rating _____ Date _____ (Snell SA2005 or later)

Participant's Signature _____

Participant's emergency contact information:

Contact Name _____

Contact Phone _____

Is this person at the track during this event? Yes No