

Car #

TECHNICAL INSPECTION FORM

Event Date: _____ 20____ Location: _____
Name: _____ Phone #: _____
Email: _____
Driver's License #: _____ State: _____ Exp: _____
Car Make: _____ Model: _____ Yr: _____ Color: _____

Do you have any Drifting or other racing experiences? (Yes / No)
If yes, how many events have you driven in and which type? : _____

Emergency Contact Info:

Name: _____	Phone#: _____
Relationship: _____	Is this person at the event site?: _____

I hereby state that I understand and will follow the rules and regulations of the East10Drift organization and the facility.

Signature: _____

TO BE FILLED OUT EAST10DRIFT

<input type="checkbox"/> Waiver Signed	<input type="checkbox"/> Wristband Issued
Tech Inspection:	
<input type="checkbox"/> No Loose Items	<input type="checkbox"/> Front Wheel Bearings
<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Rear Wheel Bearings
<input type="checkbox"/> Throttle Return	<input type="checkbox"/> Seat properly mounted
<input type="checkbox"/> Steering play	<input type="checkbox"/> Gas Cap secured
<input type="checkbox"/> Radiator Overflow	<input type="checkbox"/> No Hubcaps/beauty ring
<input type="checkbox"/> Fluid Level/NO leaks (Brakes, coolant, oil, etc.)	<input type="checkbox"/> Tire condition/Pressure
<input type="checkbox"/> Brake Pedal Pressure	<input type="checkbox"/> Lugs all present/torqued
<input type="checkbox"/> Brake Lights	<input type="checkbox"/> Roll bars in open cars
<input type="checkbox"/> Battery Tie Down/covered Terminals	<input type="checkbox"/> Helmet, Snell 95 or newer
<input type="checkbox"/> No wires exposed	<input type="checkbox"/> Covered battery in cockpit
Tech Official's Name: _____	