Badger Bimmers – Tech/Info Sheet
June 15th or August 10th, 2026

Event Location Blackhawk Farms, Rockton, IL **Event Date** _June 15 or August 10, 2026__

Driver's Name _____

Address _____

City, State, Zip _____

Driver's License # _____ **State** _____

Car Make _____ **Model** _____ **Year** _____ **Color** _____

Car Vehicle Identification Number (VIN) _____

Technical Inspection - Driver's / Owner's Responsibility

Pass	**Lights**	Fail
____	Headlights L/R	____
____	Front Signals L/R	____
____	Rear Signals L/R	____
____	Tail/Backup Lights L/R	____
____	Brake Lights L/R	____

Pass	**Interior**	Fail
____	Steering Wheel-no play	____
____	Brake Pedal Firm	____
____	Seat Belts/anchors	____

Pass	**Engine Compartment**	Fail
____	Fan Belt-tight-no cracks	____
____	Fuel/Oil/no leaks	____
____	Hoses & Wiring - secure	____
____	Transmission - no leaks	____
____	Throttle Linkage - travel	____
____	Throttle Linkage - return	____
____	Engine Mounts - cracks	____

Pass	**Brakes/Wheels/Tires**	Fail
____	Shocks LF/RF/RR/LR	____
____	Tire Wear LF/RF/RR/LR	____
____	Wheel Bearings LF/RF	____
____	Rotors LR/RF/RR/LR	____
____	Brake Fluid Reservoir - full	____
____	Brake Fluid Clean - new	____
____	Brake Pads/Lines/Calipers Dry	____

Pass	**Suspension**	Fail
____	Suspension Travel / Noises	____
____	Suspension Mountings/no rust	____
____	Tie Rods - Tight	____
____	CV Joints - Tight / Dry	____

Pass	**Miscellaneous**	Fail
____	Spare Tire-Out or Secure	____
____	Battery - Secure	____
____	All loose objects removed	____
____	Windshield Wipers	____

The driver agrees to abide by Badger Bimmers' Driver/Safety rules. The car's owner is solely responsible for the car's safe operating condition. Inspection by a trained mechanic is recommended but does not transfer responsibility to the mechanic.

Driver's Signature _____

Inspected By _____ **Date** _____

In emergency notify _____ **Phone#** _____ **Phone#** _____
Is this person at the track? Yes ___ **No** ___
Person at Track to notify _____ **Phone#** _____
Do you have any allergies or medical conditions that the on-site medical personnel should be aware of? Yes ___ **No** ___ **If yes, briefly describe** _____
Do you have any physical impairments that requires compensatory equipment? Yes ___ **No** ___
If yes, briefly describe _____

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Event Day Registration - ***to be completed by the registrar at the track.***

Group _____ **Car #** _____ **Color** _____

____ Helmet-Snell 2015 or newer ____Waiver signed ____ Fee paid
____ Tech Sheet->sticker ____Guests signed waiver ____ Wrist Bands