

Badger Bimmers - Tech/Info Sheet
October 9th - October 11th, 2026

Event Location Road America, Elkhart Lake, WI **Event Date** Oct 9 - Oct 11, 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 _____

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**