

Astronomical Observing Form

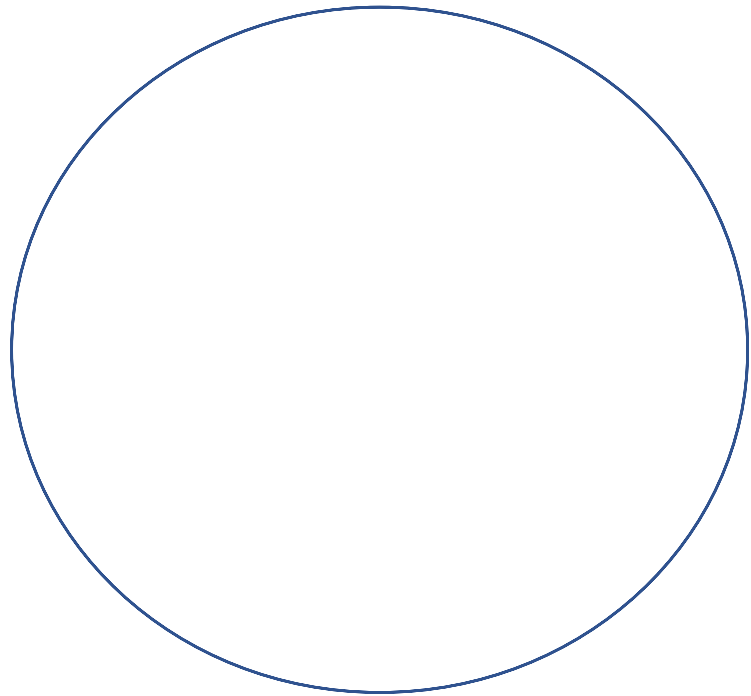
courtesy SoVerA.org

Name: _____
Date: ___/___/_____
Location: _____

Conditions:
Temp: _____ Wind: _____
Seeing: _____

Equipment:
 naked eye
 Binocular _____ by _____
 Telescope:
Diameter: _____
Eyepiece: _____
Filter: _____
Mount: _____

Notes:



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Notes:

