

Observing Form

Name: _____

E-Mail: _____

Date: _____

Time: _____

Location: _____

Equipment: _____

(e.g. Meade 16, C8, binoculars, naked eye)

Object(s) _____

Eyepiece fl: _____

Magnification: _____

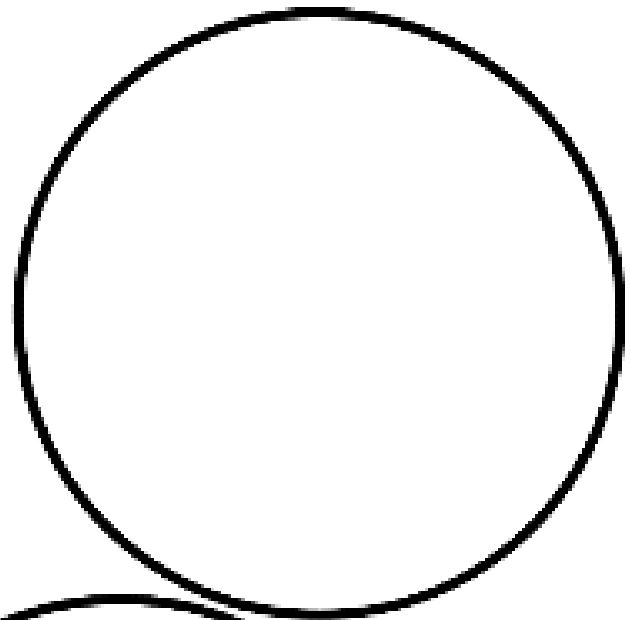
Field of View: _____

Sky conditions: _____

Limiting magnitude: _____

Altitude of center of FOV: _____

Azimuth of center of FOV: _____



Object(s) _____

Eyepiece fl: _____

Magnification: _____

Field of View: _____

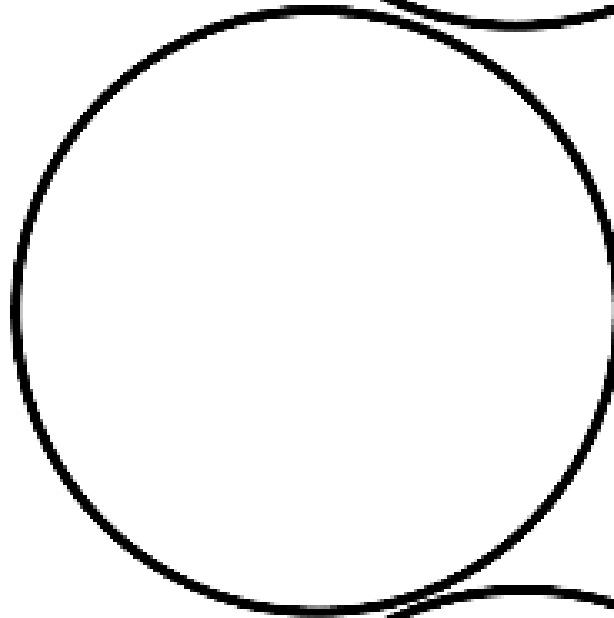
Sky conditions: _____

Limiting magnitude: _____

Altitude of center of FOV: _____

Azimuth of center of FOV: _____

Time of observation: _____



Object(s) _____

Eyepiece fl: _____

Magnification: _____

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Sky conditions: _____

Limiting magnitude: _____

Altitude of center of FOV: _____

Azimuth of center of FOV: _____

Time of observation: _____

