

Observation Form

Name: _____ **Date:** _____

School: _____ **Grade:** _____

Advisor: _____ **Asteroid:** _____

Object: _____ **Sky Condition:** _____ **Seeing:** _____
Clear, Partly Cloudy, Mostly Cloudy 1-5 (1)Clear (5)Hazy

Observation Location: _____ **Time:** _____

Description:

Advisor's Comments

Chief Astronomer's Comments