

OBSERVING FORM

Astronomy
magazine®

Observer: _____

Sky conditions: _____

Date: _____

Seeing: _____

Time: _____

Transparency: _____

Location: _____

Object: _____

Type: _____

Constellation: _____

Magnitude: _____

Telescope: _____

Magnification: _____

Notes: _____

Object: _____

Type: _____

Constellation: _____

Magnitude: _____

Telescope: _____

Magnification: _____

Notes: _____

