

Comet Report Form: Visual Observations

Send copies of these completed forms to:

Gary W. Kronk, Coordinator
 A. L. P. O. Comets Section
 132 Jessica Dr.
 St. Jacob, IL 62281

Please print or type the following: date of observation to 0.01 day, brightness to 0.01 magnitude, coma diameter to 0.01', and tail lengths to 0.01°. Each sheet should be devoted to only one comet, and any drawings or photographs that pertain to the observations on this sheet should be included.

Comet Designation: _____

Observer: _____

Address: _____

Date (UT) (yy/mm/dd.dd)	Magnitude		Instrument			Coma		Tail		Sky LM	Rem
	Mag.	Ref.	Apr (cm)	Type	F/ Pwr	Dia (°)	DC	Len (°)	PA (°)		

Remarks