VISUAL METEOR OBSERVING FORM

DATE: _____ (year) _____ (month)_____ (day) Begin _____ h_____ m End _____ h_____ m (____)

LOCATION: Long.=_____ W. Lat.=_____N. Elevation =_____m

OBSERVER:_____LOCATION:_____

LIMITING MAGNITUDE: _____@____:____ _____@____:____ _____@____:____ _____@_____:_____

___@____:____ ___@____:____ _____@____:____ _____@___:___ _____@____:___ _____@____:____

PERCENT CLOUDY: ____% @____:____ ____% @____:____ ____% @____:____ ____% @_____:_____

DIRECTION & ELEVATION : _____@____:____ _____@_____:____ _____@___:_____@___:____

SQM-L READINGS: _____@ ___:___ ____@___:___ ____@___:___ ____@___:___ ____@____:_____

CENTER OF FIELD:_____STARTING/ENDING TEMP_____

TIME	MAG	TYPE	DUR.	LEN.	VEL.	DCV	R. DIST.	ELEV	PLOT?	COMMENTS

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