VISUAL METEOR OBSERVING FORM

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

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

OBSERVER:_____PLACE:_____

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

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

PERCENT CLOUDY: ___%@___:___ ___%@___:___ ___%@___:___ ___%@___:___ ___%@____:____

DIRECTION FACING & ALTITUDE : ____@____:____ ____@___:__ ____@___:___ ____@____:____

BREAKS:_____

COMMENTS:_____

NO.	TIME	MAG.	COLOR	TYPE	SPEED	TRAIN	ACCURACY	REMARKS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

NO.	TIME	MAG.	COLOR	TYPE	SPEED	TRAIN	ACCURACY	REMARKS