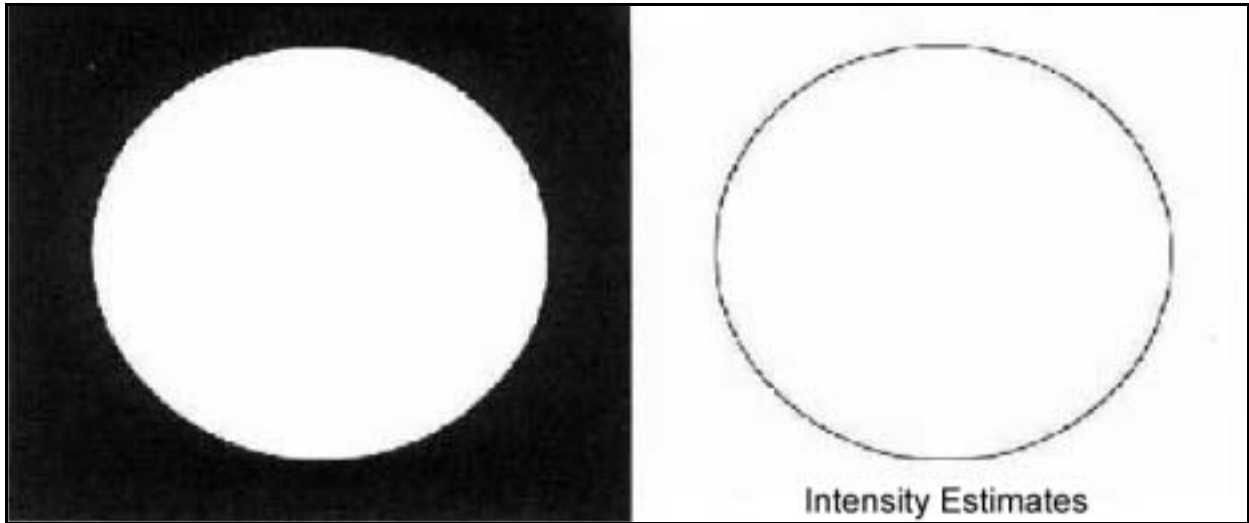


ALPO Jupiter Section Observation Form No. _____



Date (UT): _____ Name: _____

Time (UT): _____ Address: _____

CM I _____ CM II _____ CM III _____

Begin (UT): _____ End (UT): _____ City, State, ZIP: _____

Telescope: f/ _____ Size: _____ (in./cm.; RL/RR/SC) _____

Magnification: _____ x _____ x _____ x Observing Site: _____

Filters: _____ (W / S) _____

Trnsparency (1 - 5): _____ (Clear / Hazy / Int. Clouds) E-mail: _____

Seeing (1 - 10): _____ Antoniadi (I - V): _____

No.	Time (UT)	S I (°)	S II (°)	S III (°)	Remarks

Notes
