A.L.P.O. Visual Meteor Observing Report
QUESTIONS AND COMPLETED REPORTS SHOULD BE SENT TO:
Robert Lunsford at: lunro.imo.usa@cox.net

OBSERVER: _____ PLACE: _____

DATE: _____ (year) _____ (month) _____ (day)

OBSERVING PERIOD:
Begin: _____ h _____m; End: _____ h _____m (time used _____)
LOCATION: Long.= _____ ; Lat.= _____ ; Elevation = _____ m

PERCENT CLOUDY:(ex. 10% @ 03:00)
___%@___:___ ___%@___:___ ___%@___:___ ___%@___:___ ___%@___:___

DIRECTION FACING & ALTITUDE: (ex. N60 @ 3:00)
_____ @ ___:___ _____ @ ___:___ _____ @ ___:___ _____ @ ___:___

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

BREAKS:
_____

COMMENTS:
_____

Number	Time	Magnitude	Type	Color	Speed	Train	Comments