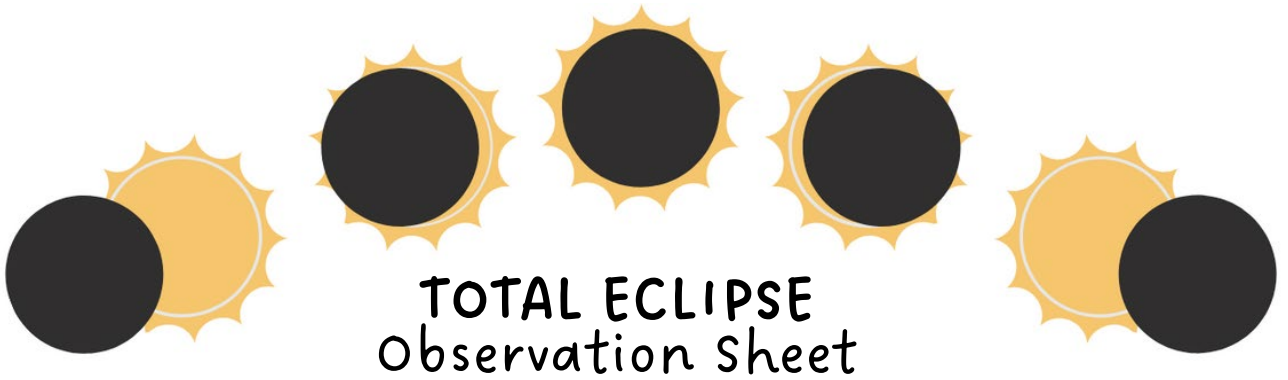


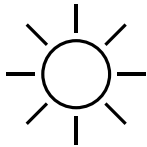
Name _____

Date _____



Where did you watch from (city and state)?

Weather:



Did you wear solar viewers to watch the eclipse?

YES NO

Time eclipse started:	Time of totality (sun completely covered):	Time eclipse ended:

Did it go totally dark? YES NO

Observations (what do you notice?):

I will remember this the most (draw or write):