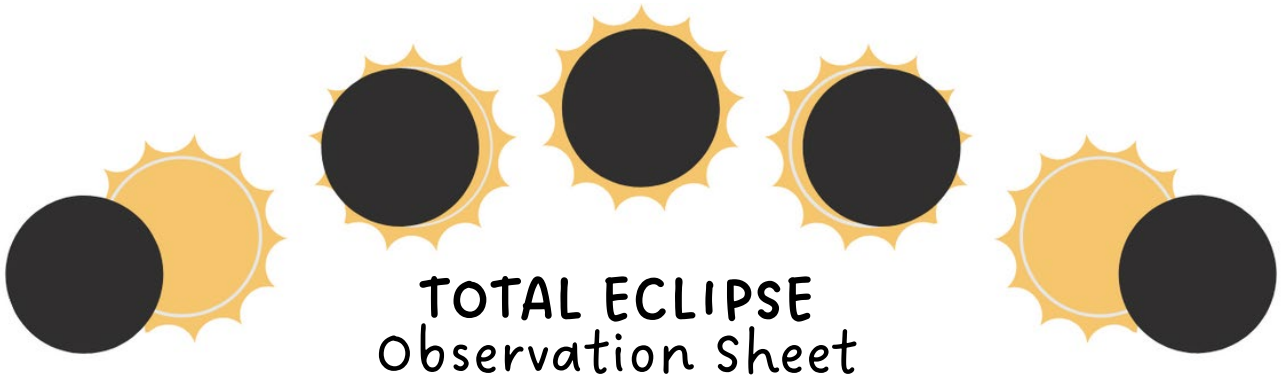


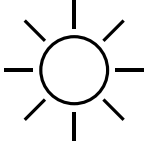



Name \_\_\_\_\_

Date \_\_\_\_\_



Where did you watch from (city and state)?

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Weather:    

Did you wear something over your eyes to watch  
the eclipse? YES NO

Time the moon started to cover the sun:	Time the sun was completely covered:	Time the moon stopped covering the sun:

Did it go totally dark? YES NO

This is what I'm seeing (draw a picture or take notes):

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