



50 THINGS TO SEE ON THE MOON

LUNAR SKETCH FORM

Your Name: _____

Date & Time: _____

Lunar Phase/Day: _____

Telescope/Focal Length: _____

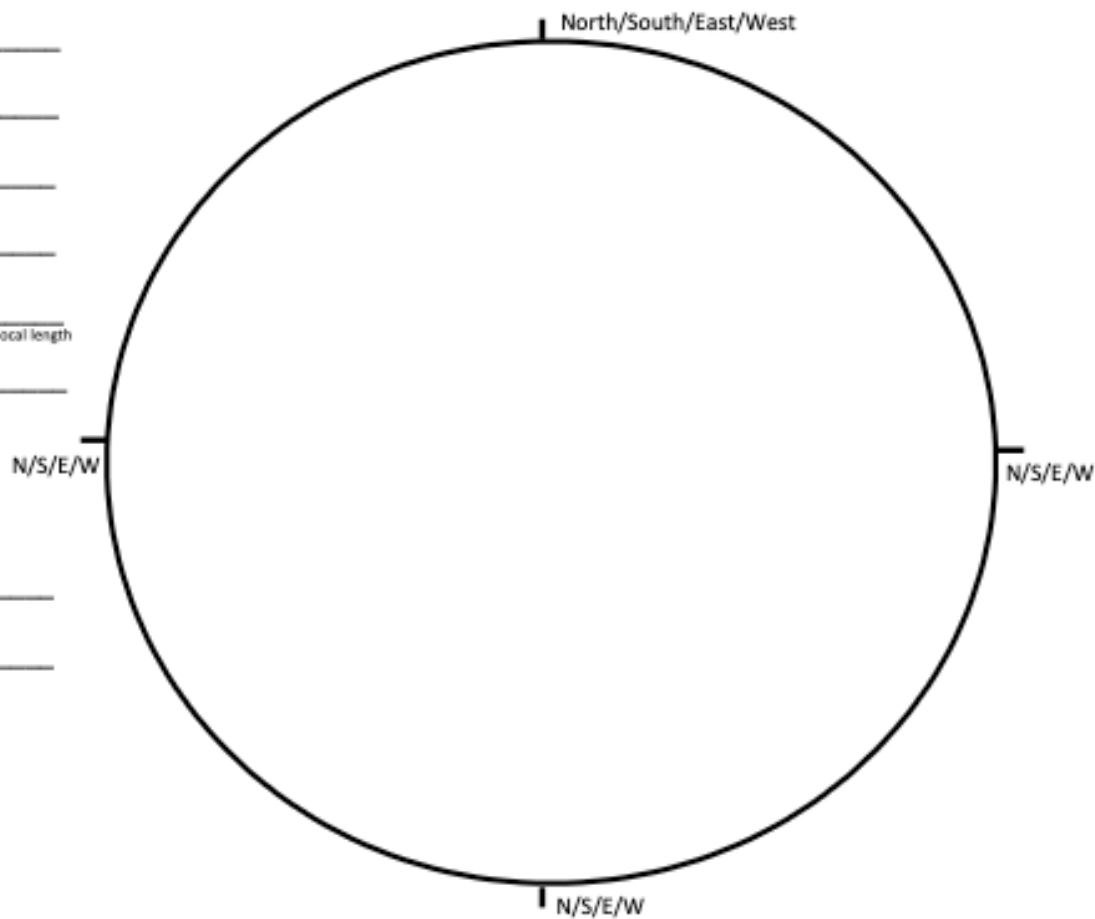
Eyepiece/Focal Length: _____

Magnification: _____
Telescope focal length divided by eyepiece focal length

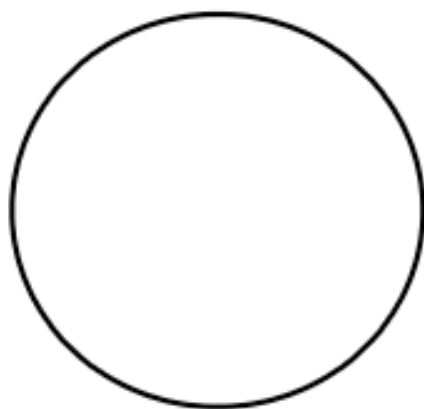
Mirror Reversed? Yes/No: _____

Weather: _____

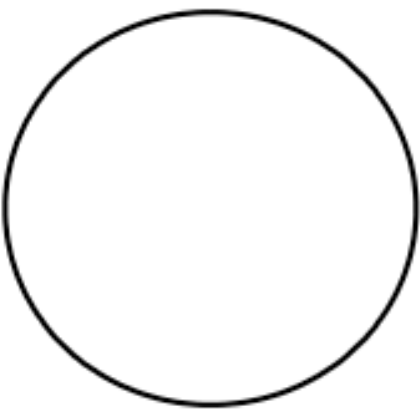
Notes: _____



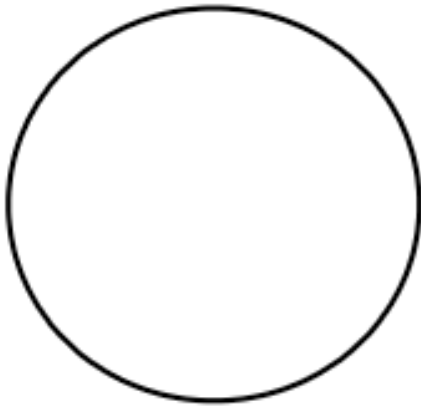
FEATURES OF INTEREST



Feature name



Feature name



Feature name