Hydrogen Alpha Solar Observing Program
Submittal Form

Please keep your originals and submit only copies of your log and drawings/images.

TO: Ha Solar Observing Program Coordinator Date:_____

The enclosed observations and drawings/images are submitted for certification.
Please print clearly.

Name _____
Please print your name the way you want the certificate to read.

Address: _____

_____

E-Mail: _____ Phone: ( ) _____

Astronomical League Affiliation: _____
Name of member society or "Member-at-Large"

Check the one that applies:

_____ Visual/Drawings _____ Imaging

After verification, your award will be sent to your society's award coordinator for presentation at an event of your society. Please indicate the name and address of the person to whom you award should be sent. Members-at-Large may enter "self".

The current address of the Hydrogen Alpha Observing Program Coordinator is listed online at the AL website http://wwww.astroleague.org