

Astronomical League
Mars Observing Program
Submission Form

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Astronomy Club Affiliation or Member-At-Large: _____

Name and Address of person of where to send the certification for presentation, if it is not directly to you:

How were these observations done? _____ Visually _____ Imaging

Send this form and a copy of your observation logs to the Astronomical League Coordinator as indicated on the AL Web Page for the Mars Observing Program.

Send a copy of your observations to the A.L.P.O. Mars Section Coordinator as indicated on the AL Web Page for the Mars Observing Program.