

Submission Form
Dark Nebulae Program

IMPORTANT: Please keep your original observing log, and submit only copies.

To: Kathy Machin
AL Dark Nebulae Program
4845 N Smalley Ave.
Kansas City, MO 64119-4234

Date: _____

Enclosed are all 70 required observations/images.

PLEASE PRINT CLEARLY:

NAME: _____
(Please PRINT your name the way you want the certificate to read)

ADDRESS: _____

E-mail: _____ Telephone: _____

Astronomical League Affiliation: _____
(Indicate name of your local affiliated club or "Member at Large")

Observing Technique _____ Visual _____ Imaging _____ Both

Your certificate and pin will be sent directly to you or to your Awards Chairman, club officer or ALCOR for a formal presentation by your astronomy club. Please indicate below the name and address of the individual to whom the pin and certificate should be mailed. Members-at-Large may enter "Self" below to receive the pin and certificate directly.

Mailing Address for pin and certificate

NAME: _____

ADDRESS: _____
