Bright Nebula Observing Program
Submittal Form

Please keep your originals and submit only copies of your log.

TO: Bright Nebulae Coordinator Date: _____

The enclosed Bright Nebulae Observing Program observations 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 all that apply:

_____ 100% of the required objects were located by traditional star-hopping methods.

_____ 60 Bright Nebulae were observed and logged. (Certificate requested.)

_____ 100 Bright Nebulae were observed and logged (Certificate and pin requested)

_____ There were no negative observations.

_____ Negative observations were properly documented on two or more occasions and a sketch of the star field was made on each attempt.

_____ 90 Bright Nebulae were imaged. (Certificate and pin requested)

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 your award should be sent. If you are a Members-at-Large or would like it sent directly to you, enter "self".

The current address of the Bright Nebulae Observing Program Coordinator is listed on the AL website: http://www.astroleague.org