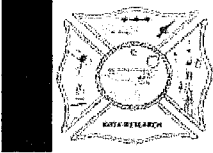


- WE ARE CONDUCTING A NATION WIDE RESEARCH PROJECT

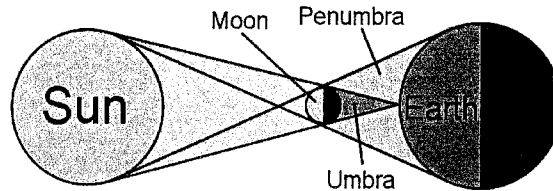
PASS THE WORD AT THIS SHEET

Refer to Giov-research.com
For Further.



GIOV-RESEARCH

VIEWING LOCATION: _____



THE GREAT AMERICAN 2017 SOLAR ECLIPSE EXPERIMENT DATA SHEET

TEMPERATURE:

BEFORE: _____

DURING: _____

AFTER: _____

BEGIN TIME OF PREUMBRA (PARTIAL SHADOW): _____ (IF SEEN)

BEGIN TIME OF UMBRA (FULL SHADOW): _____

END TIME OF UMBRA: _____

END TIME OF PREUMBRA: _____

CIRCLE ONE: ECLIPSE VIEWED WAS PARTIAL OR FULL

NOTE ANY VISIBLE STARS OR PLANETS:

NOTE ANY CHANGE IN WIND, CLOUD(S), WEATHER ETC.

NOTE ANY HUMAN OR ANIMAL CHANGES/ACTIVITY AND YOUR IMPRESSION:

Please note that even if it is cloudy in your viewing location we would still like to hear from you.

Fill out form, Scan & Send To: Info@Giov-research.com OR

