



New Moon Sighting Report

Please read the instructions in the "Guide to Observing the New Moon" before filling the form. When given a choice of possibilities check the appropriate one.

1. Personal details

First name _____ Surname _____

Telephone _____

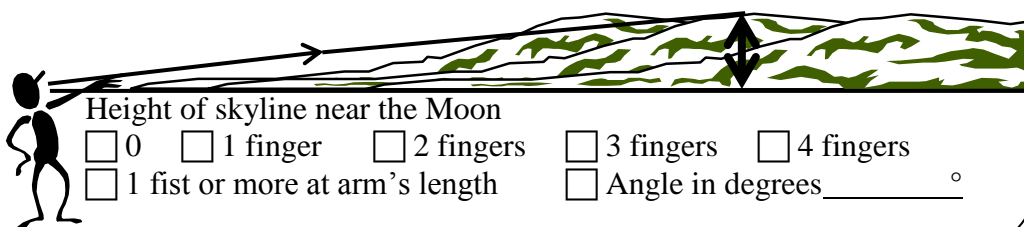
Age ____ Gender: ☐ Male ☐ Female

May this information be passed on to others? ☐ Yes ☐ No

Address _____

2. Observation site

Address/Place _____



Height of skyline near the Moon

☐ 0 ☐ 1 finger ☐ 2 fingers ☐ 3 fingers ☐ 4 fingers

☐ 1 fist or more at arm's length ☐ Angle in degrees _____°

3. Overview of results

Date _____ Time that the Sun set or disappeared _____:

The Sun: ☐ Set completely ☐ Faded gradually
☐ Completely disappeared behind clouds ☐ Was not seen

From when did you search for the Moon _____:_____ till when _____:_____

Was the Moon seen with the naked eye (or with regular glasses)? ☐ Yes ☐ No*

Did you wear glasses? ☐ Yes: Correction Left _____ Right _____ ☐ No

Did you search for the Moon with binoculars or a telescope?

☐ Yes: Diameter _____ mm Magnification _____× ☐ No

Was the Moon seen with binoculars or a telescope? ☐ Yes ☐ No

*If the Moon was not seen, continue in box 7 overleaf.

4. Details of first sighting

Time first seen with binoculars or telescope _____:

Time first seen with the naked eye _____:

The moon: ☐ Appeared gradually ☐ Appeared from behind a cloud
☐ I did not look earlier

Height (of the bottom of the Moon relative to the skyline) when first seen with the naked eye:

☐ 0 ☐ 1 finger ☐ 2 fingers ☐ 3 fingers ☐ 4 fingers

☐ 1 fist or more at arm's length ☐ Angle in degrees _____°

When first seen with the naked eye, the direction* of the Moon was:

☐ North (right) of West ☐ Due West ☐ South (left) of West

☐ Azimuth in degrees _____°

*Relative to due west and not relative to the Sun that can set slightly North or South of West.

You saw the Moon:
continue here.

You did not see the Moon:
continue in box 7 overleaf.

5. Details of last sighting

Time last seen with the naked eye _____:

The Moon: ☐ Began to set ☐ Faded gradually
☐ Began to disappear behind a cloud ☐ Didn't look later

Height (of bottom of Moon relative to skyline) when last seen with naked eye

☐ 0 ☐ 1 finger ☐ 2 fingers ☐ 3 fingers ☐ 4 fingers
☐ 1 fist or more at arm's length ☐ Angle in degrees _____°

When last seen with the naked eye, the Moon's direction* was

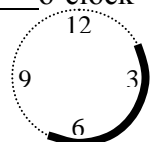
☐ North (right) of West ☐ Due West ☐ South (left) of West
☐ Azimuth in degrees _____°

Time last seen with binoculars or telescope _____:

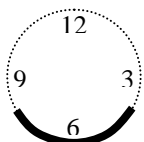
**Relative to due west and not relative to the Sun that can set slightly North or South of West.*

6. Shape of the Moon

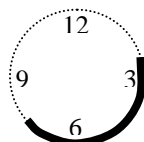
If the Moon was put on a clock face it would stretch from _____ o'clock to _____ o'clock



2 o'clock to 7 o'clock



4 o'clock to 8 o'clock



2:30 to 7:30

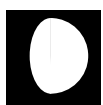
Examples only.

The shape does not usually exactly match the examples so you should estimate the 'hour' yourself.

Width of the Moon (percent illumination) _____% (see examples below)



100%



75%



50%



25%



15%



7%



4%



2%



1%

7. Weather conditions

The sky near the Moon was:

☐ Clear ☐ Hazy ☐ Partially cloudy ☐ Cloudy

Temperature _____°C Measured with _____

Relative humidity _____% Measured with _____

Pressure _____mbar Measured with _____

8. Comments

9. Signature

**Your signature is important to prove the validity of the information you have provided.*

You did not see the Moon:
continue here.

Please return the form to Gadi Eidelheit, The Israeli New Moon Society, 1 David Eliezer, Givat Shmuel 54032, Israel., Fax +972 722495292, Tel. +972 507325927, Email moonsoic@gmail.com.