



OFFICIAL APRIL 8, 2024 SOLAR ECLIPSE MEMORY CARD

Instructions: Please complete the following questions so we can have a record of your experience on April 8th. Have fun, Be Safe! Drawings, Photos of your family and friends that day are welcome.

Name (first and last): _____ Street Address: _____

Phone Number _____ Email _____

Location of where you watched the eclipse: ie front yard, mountain, street, house _____

Please provide the names of others that joined you for the eclipse watching _____

Did you see a Partial Eclipse or a Total Eclipse _____? Did you make an eclipse viewer _____

What time was it when you noticed it looked dark outside? _____

What did you like about seeing the Eclipse or what did you hear, smell? _____

*Please provide additional pages if necessary for more of your story, photos, drawings etc.



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Phone Number _____ Email _____

Location of where you watched the eclipse: ie front yard, mountain, street, house _____

Please provide a picture of what you saw—Picture Name _____

A large rectangular area with rounded corners and decorative scrollwork at the top and bottom, intended for a drawing or photo of the eclipse.

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Name (first and last): _____ Street Address: _____

Phone Number _____ Email _____

Location of where you watched the eclipse: ie front yard, mountain, street, house _____

Please provide a story or poem about the Eclipse—Poem/Story Name _____

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*Please provide additional pages if necessary for more of your story, photos, drawings etc.