

Image Submission Form

Contact Information

Name: _____

Address: _____

Telephone (Day): _____

(Evening): _____

Fax: _____

Email: _____

Website: _____

Image Information

Date: _____

Time (Specify Time Zone): _____

Observing Location: _____

Sky Conditions: _____

Object's Name or Designation: _____

Telescope or Lens Used: _____

Aperture: _____

Focal Ratio: _____

Camera: _____

Film: _____

Filter(s): _____

Exposure Time(s): _____

Special Techniques Used: _____

Other Comments or Description: _____

Warranty

I hereby attest that the enclosed image is my original work and that I am submitting it to Sky & Telescope to be considered for possible use in its magazine, on the magazine's website, and in other Sky & Telescope media.

Signed: _____

Date: _____