

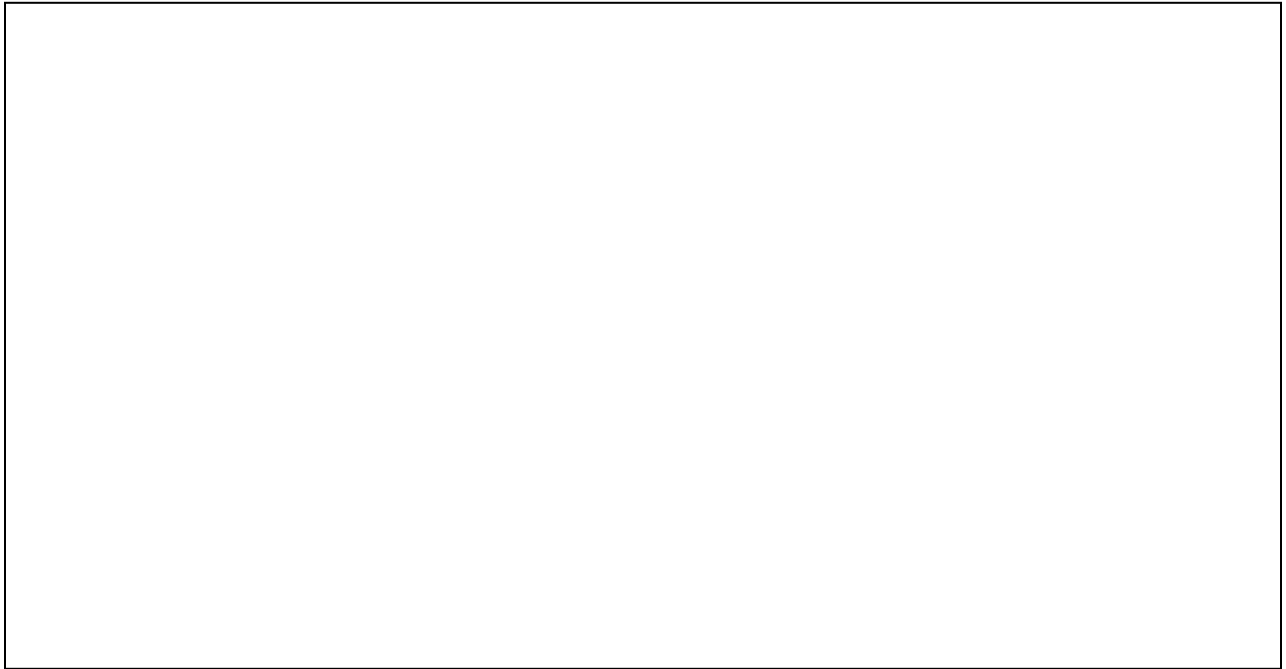
Motion of the Sky

Name: _____

Location: _____

First Observation

Date: _____ Time: _____ Direction: _____



Second Observation

Date: _____ Time: _____ Direction: _____

