

MY 2017 ECLIPSE EXPERIENCE

Name: _____ Age: _____

Date of eclipse: _____ Time of eclipse: _____

What city I saw the eclipse in: _____

It was a _____ eclipse.
total / partial

The weather was: _____

Where I was when I saw the eclipse:

What surprised me about the eclipse:

My favorite part of eclipse day:

Picture of me wearing
my eclipse glasses.