



Application for Dark Sky Discovery Site Designation



Dark Sky Discovery Site:
Dark Sky Awareness through Celestial Observation

Your Facility

Facility Name: _____
Address: _____
Type of Facility: _____
Contact person: _____
E-mail: _____ Telephone: _____
Approximate zenith limiting magnitude (observed): _____ or
Sky Quality Meter (if available): _____ or Clearsky Map: _____

First Partner Facility (optional)

Facility Name: _____
Address: _____
Type of Facility: _____
Contact person: _____
E-mail: _____ Telephone: _____

Qualifying Events

Name of event 1: _____
Event 1 Date: _____ People reached: _____
Brief Description of event 1: _____

Name of event 2: _____
Event 2 Date: _____ People reached: _____
Brief Description of event 2: _____



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Qualifying Events

Name of event 3: _____

Event 3 Date: _____ People reached: _____

Brief Description of event 3: _____

DSDS Requirements

1. The total number of people reached must be at 50 before the DSDS designation can be granted.
2. After another 100 people have been reached giving a total of at least 150 people, the DSDS can receive another packet. A Sky Quality Meter will be included as long as supplies last.
3. A minimum of six events need to be held over a two year span beginning with the initial DSDS application. The total number of people reached over each 2 year span must be at least 200.

DSDS Contact Information

Please submit your completed DSDS application for review to:

iya2009@astroleague.org

You will be contacted after your application is reviewed.

Thank you for participating in the Dark Sky Discovery Site program!

I understand and agree to the guidelines about becoming a
Dark Sky Discovery Site
and I understand how to maintain that certification.

_____, _____

your signature and date