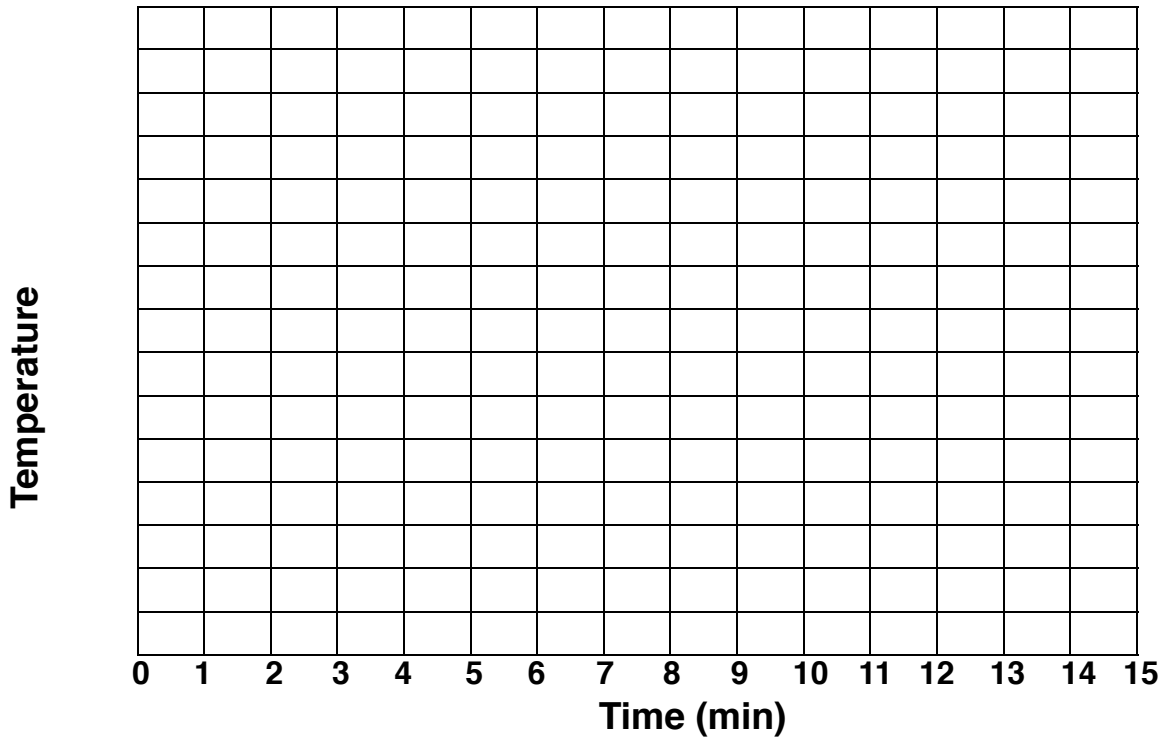


Name: _____

Date: _____ Period: _____

Angle of Insolation Lab

Time (min)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
30°															
60°															
90°															



Questions

1. (a) _____ (b) _____ 2. _____

3. _____

4. _____

5. _____