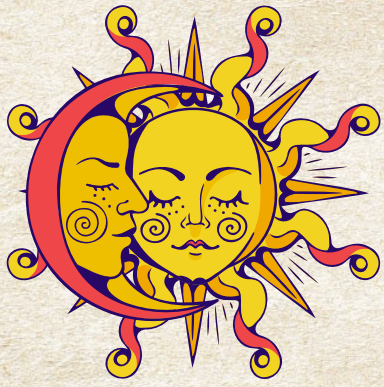

Ritual Type _____

Date & Time _____

Intent _____

Location _____

Moon Phase:_____

Deity(s):_____

Herbs:_____

Oils:_____

Stones:_____

Candle Colors:_____

Tools:_____

_____

People in Attendance:_____

_____

_____

_____

Chants/Music:_____

_____

_____

Indoors [ ] Outdoors [ ]

Ritual and Magic

_____

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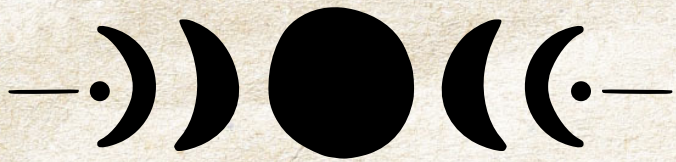
Results:_____