

Title: _____
Date: _____
Day: _____
Time: _____
M Hour: _____
Place: _____
Phase: _____
Moon In: _____

<u>Type</u>	<u>Purpose</u>	<u>Location</u>	<u>Decorations</u>	<u>Depictions</u>
Single Purpose <input type="checkbox"/>	Honorarium <input type="checkbox"/>	Earth <input type="checkbox"/>	Cloth <input type="checkbox"/>	Statuary <input type="checkbox"/>
Multi-Purpose <input type="checkbox"/>	Petition <input type="checkbox"/>	Air <input type="checkbox"/>	Flowers <input type="checkbox"/>	Pictures <input type="checkbox"/>
Transitional <input type="checkbox"/>	Divination <input type="checkbox"/>	Fire <input type="checkbox"/>	Plants <input type="checkbox"/>	Abstracts <input type="checkbox"/>
	Healing <input type="checkbox"/>	Water <input type="checkbox"/>	Symbols <input type="checkbox"/>	
	Crafting <input type="checkbox"/>		Bowls <input type="checkbox"/>	
			Chalice <input type="checkbox"/>	

Notes: _____

<u>Timing</u>	<u>Style</u>	<u>Tools</u>	<u>Working</u>	<u>Materials</u>
Moon <input type="checkbox"/>	Projective <input type="checkbox"/>	Cauldron <input type="checkbox"/>	Spell Cast <input type="checkbox"/>	Candles <input type="checkbox"/>
Day <input type="checkbox"/>	Receptive <input type="checkbox"/>	Brassier <input type="checkbox"/>	Talisman <input type="checkbox"/>	Oils <input type="checkbox"/>
Hour <input type="checkbox"/>	Move away <input type="checkbox"/>	Incense <input type="checkbox"/>	Amulet <input type="checkbox"/>	Herbs <input type="checkbox"/>
Season <input type="checkbox"/>	Call forth <input type="checkbox"/>	Paper <input type="checkbox"/>	Charm <input type="checkbox"/>	Stones <input type="checkbox"/>
Stationary <input type="checkbox"/>		Wand <input type="checkbox"/>	Sigil <input type="checkbox"/>	Dirt <input type="checkbox"/>
		Athame <input type="checkbox"/>	Prayer <input type="checkbox"/>	Clay <input type="checkbox"/>
		Broom <input type="checkbox"/>	Dreaming <input type="checkbox"/>	Sand <input type="checkbox"/>
		Crystals <input type="checkbox"/>	Grid <input type="checkbox"/>	Feathers <input type="checkbox"/>
				Flowers <input type="checkbox"/>
				Wood <input type="checkbox"/>
				Water <input type="checkbox"/>
				Ink <input type="checkbox"/>