



# RITUAL PLANNER

RITUAL NAME \_\_\_\_\_ EVENT DATE \_\_\_\_\_

TIME \_\_\_\_\_ PLACE \_\_\_\_\_

WHO IS PARTICIPATING \_\_\_\_\_

RITUAL PURPOSE \_\_\_\_\_

## MATERIALS NEEDED

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

## SYMBOLISM

\_\_\_\_\_  
\_\_\_\_\_

## STEPS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

