

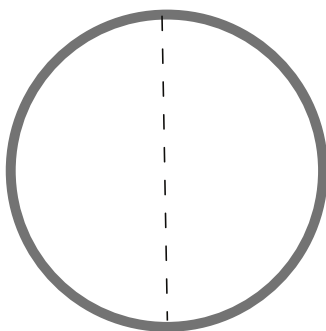


Namn: _____

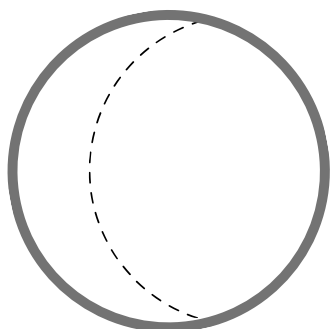
Datum: _____

Månens olika faser

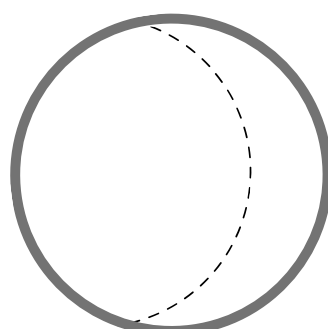
Halmåne



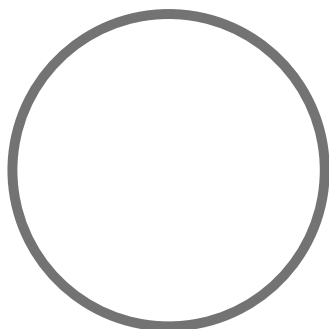
Avtagande
skära



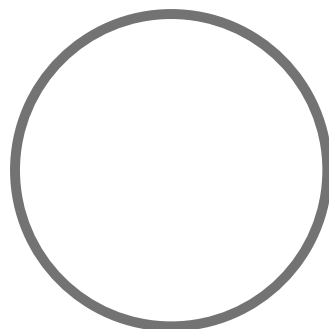
Avtagande
halvmåne



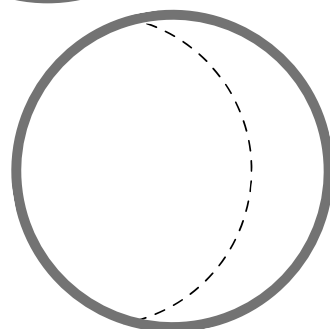
Ny-
måne



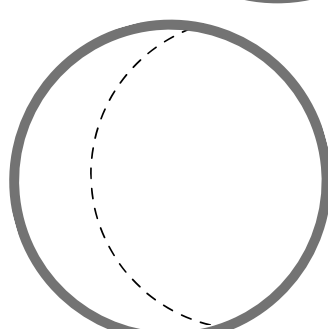
Full-
måne



Tilltagande
skära



Tilltagande
halvmåne



Halvmåne

