DECK REGISTRATION SHEET

First Letter of
Last Name



Event:		Date:
Deck Name:		Location:
Deck Designer:	USING ENGLISH CARD NAMES	

PRINT CLEARLY USING ENGLISH CARD NAMES

	Main Dec	:k: (Magic: 60 Minimum)		Main Deck Co	ontinued & Basic La	nds:
	# in deck:	Card Name:		# in deck: Care	d Name:	
	4	Blood Artist				
	4	Butcher Ghoul				
	4	Kruin Striker				
	4	Lightning Mauler				
	3	Undercity Informer				
	4	Brimstone Volley				
	4	Blood Crypt				
	4	Dragonskull Summit				
	5	Mountain				
	4	Rakdos Guildgate				
	6	Swamp				
DCI #:	4	Act of Treason		Sidoboard, /	Magiguna to 15)	
	3	Immortal Servitude		# in deck: Care	Magic: up to 15)	
	4	Bloodthrone Vampire		<u>" III deck.</u> <u>ear</u>	a rianic.	
	4	Tragic Slip				
ue:						
First Name:						
Firs						
				Total Number of	Cards in Sideboard:	0
:e:				FOR OFFICIAL USE ONLY	Main/SB:	
Last Name:				Deck Check Rd #:	Deck Check Rd #:	
.ast			61	Status:	Status:	
_	Total Numb	er of Cards in Main Deck:		Judge:	Judge:	