## DECK REGISTRATION SHEET

First Letter of
Last Name



Date:		Event:	
Location:		Deck Name:	
LICINIC	THIS LIST SARD NAMES	Dock Designer:	

## PRINT CLEARLY USING ENGLISH CARD NAMES

	Main Ded	ck: (Magic: 60 Minimum)		Main Dec	k Continued & Basic Lands:	
	# in deck:	Card Name:		# in deck:	Card Name:	
	2	Blind Obedience				
	4	Syndic of Tithes				
	2	Corpse Blockade				
	2	Thrull Parasite				
	4	Blood Artist				
	2	Obzedat, Ghost Council				
	2	Supreme Verdict				
	4	Lingering Souls				
	4	Deathcult Rogue				
	4	Hands of Binding				
	1	Exquisite Blood				
#	2	Vizkopa Guildmage			d. (M. 1	
DCI #:	4	Gravecrawler			d: (Magic: up to 15) <u>Card Name:</u>	
	2	Dutiful Thrull		# III deck.	Card Name.	
	1	Sphinx's Revelation				
	1	Immortal Servitude				
:e:						
First Name:						
Firs						
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				Total Numbe	er of Cards in Sideboard:	0
:-				FOR OFFICIAL USE ONLY	Main/SB: /	
Last Name:				Deck Check Rd #:	Deck Check Rd #:	
Last	Total Numb		41	Status:	Status:	