

DECK REGISTRATION SHEET

First Letter of Last Name



Date:			Event:		
Location:			Deck Name:		
			Deck Designer:		

PRINT CLEARLY USING ENGLISH CARD NAMES

DCI #:
First Name:
Last Name:

Main Deck: (Magic: 60 Minimum)

# in deck:	Card Name:
<u>4</u>	<u>Syndic of Tithes</u>
<u>4</u>	<u>Thrull Parasite</u>
<u>4</u>	<u>Kingpin's Pet</u>
<u>2</u>	<u>Orzhov Charm</u>
<u>4</u>	<u>Basilica Screecher</u>
<u>4</u>	<u>Bone Splinters</u>
<u>2</u>	<u>Skirsdag High Priest</u>
<u>4</u>	<u>Blood Artist</u>
<u>4</u>	<u>Lingering Souls</u>
<u>2</u>	<u>Midnight Haunting</u>
<u>2</u>	<u>Vizkopa Guildmage</u>
<u>2</u>	<u>Vampire Nighthawk</u>
<u>2</u>	<u>Crypt Ghost</u>

Total Number of Cards in Main Deck: 40

Main Deck Continued & Basic Lands:

# in deck:	Card Name:

Total Number of Cards in Sideboard: 0

FOR OFFICIAL USE ONLY	Main/SB: /
Deck Check Rd #:	Deck Check Rd #:
Status:	Status:
Judge:	Judge: