DECK REGISTRATION SHEET

F	irst Letter of	f
	Last Name	2



Date:		Event:	
Location:		Deck Name:	
		Dock Docimor	

PRINT CLEARLY USING ENGLISH CARD NAMES

	Main Dec	k: (Magic: 60 Minimum)		Main Deck Cont	inued & Basic Lands:
	# in deck:	Card Name:		# in deck: Card Na	ame:
	4	Deathcult Rogue			
	4	Nightveil Specter			
	3	Dying Wish			
	3	Crypt Ghast			
	4	Daggerdrome Imp			
	3	Desecration Demon			
	2	Necropolis Regent			
	4	Stab Wound			
	4	Ultimate Price			
	2	Rogue's Passage			
	20	Swamn			
#	4	Shadow Slice		Cidala a and (M	
DCI #:	3	Skyblinder Staff		Sideboard: (Mag # in deck: <u>Card Na</u>	
		•		# III acck. Cara No	anic.
:e:					
First Name:					
Firs					
		-			
		_			
				Total Number of Card	ds in Sideboard:
ne:				FOR OFFICIAL USE ONLY	Main/SB: /
Last Name:				Deck Check Rd #: Status:	Deck Check Rd #: Status:
Las	Total Numb	an af Canala in Main Daalu	60	ludge:	lindue.