DECK REGISTRATION SHEET

First Letter of
Last Name



Date:		Event:	
Location:		Deck Name:	
LICING ENGLICH CARD MANAGE		Dock Designer:	

PRINT CLEARLY USING ENGLISH CARD NAMES

	Main Deck: (Magic: 60 Minimum)			Main Deck Continued & Basic Lands:		
	# in deck: Card Name:			# in deck: Card Na	ame:	
	4	Blood Crypt				
	1	Stomping Ground				
	4	Overgrown Tomb				
	4	Woodland Cemetery				
	9	Swamp				
	4	Kessig Wolf Run				
	3	Farseek				
	2	Sign in Blood				
	3	Victim of Night				
	2	Gruul Keyrune				
	3	Liliana of the Veil				
#	4	Vampire Nighthawk		Sideboard: (Mag	gictup to 15)	
DCI #:	4	Mutilate		# in deck: Card No		
	4	Crypt Ghast			ern of Souls	
	1	Olivia Voldaren		1Victir	n of Night	
	4	_ Thragtusk		4Gloo	m Surgeon	
	4	Griselbrand		1Lilian	a of the Veil	
				3 Sla ug	ghter Games	
me:				1 Olivia	a Voldaren	
First Name:				1 Curs	e of Death's Hold	
Ē				3 Rakd	los's Return	
					da in Sidahaand. 15	
				Total Number of Car	ds in Sideboard:	
ne:				FOR OFFICIAL USE ONLY	Main/SB: /	
Last Name:				Deck Check Rd #:	Deck Check Rd #:	
Last	Total Nivers	or of Carde in Main Dade	60	Status: Judge:	Status: Judge:	
	ı total Numb	per of Cards in Main Deck:		Juage.	Jauge.	