## DECK REGISTRATION SHEET

First Letter of
Last Name



Date:		Event:			
Location:		Deck Name:			
		Dock Docianor			

## PRINT CLEARLY USING ENGLISH CARD NAMES

	Main Deck: (Magic: 60 Minimum)			Main Deck Continued & Basic Lands:		
	# in deck:	Card Name:		# in deck:	Card Name:	
	4	Godless Shrine				
	4	Mutavault				
	4	Temple of Silence				
	14	Plains				
	4	Soldier of the Pantheon				
	4	Dryad Militant				
	4	Precinct Captain				
	2	Cavalry Pegasus				
	4	Imposing Sovereign				
	2	Frontline Medic				
	4	Xathrid Necromancer				
±÷	4	Gods Willing		Cidoboor	d. (Mania 15)	
DCI #:	2	Spear of Heliod		# in deck:	d: (Magic: up to 15) <u>Card Name:</u>	
	4	Profit+Loss		# III deck2	Rootborn Defenses	
				4	Boros Elite	
-						
:e:						
First Name:						
Firs						
	-					
				Total Numb	er of Cards in Sideboard:	
e:				FOR OFFICIAL USE ONLY	Main/SB: /	
Last Name:				Deck Check Rd #:	Deck Check Rd #:	
Lasi	Total Numb	(C l. t. M. t. D l	60	Status:	Status:	