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 Deck: (Magic: 60 Minimum)			Main Deck Continued & Basic Lands:				
	# in deck:	Card Name:		# in deck:	Card Nam	e:		
	2	Temple of Deceit						
	2	Temple of Mystery						
	2	Breeding Pool						
	2	Watery Grave						
	2	Overgrown Tomb						
	5	Island						
	4	Swamp						
	3	Forest						
	2	Temple of Malady						
	2	Phenax, God of Deception						
	4	Doorkeeper						
ne: DCI#:	2	Wall of Frost		Sideboard	d. (Magic	un to 15)		
	4	Hover Barrier		# in deck:	_	•		
	4	Sylvan Caryatid						
	4	Axebane Guardian						
	2	Murmuring Phantasm						
	2	Ashiok, Nightmare Weaver						
	2	Mind Grind						
	2	Hero's Downfall						
First Name:	3	Psychic Strike						
臣	2	Far+Away						
	1	Elixir of Immortality						
	2	Golgari Charm						
								0
				Total Numbe	er of Cards	in Sideboard:		
me:				FOR OFFICIAL USE ONLY Deck Check Rd #:		Main/SB: Deck Check Rd #:	/	
Last Name:				Status:		Status:		
La	Total Numb	ou of Coude in Main Doels	50	ludae.		Inque.		