DECK REGISTRATION SHEET

First Letter of
Last Name



Date:		Event:	
Location:		Deck Name:	
HIGHIG ENGLISH CARR MANES		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 Na	ame:	
	4	Godless Shrine				
	2	Mutavault				
	7	Plains				
	7	Swamp				
	2	Temple of Silence				
	3	Athreos, God of Passage				
	4	Boros Elite				
	4	Dryad Militant				
	4	Tormented Hero				
	3	Gnarled Scarhide				
	2	Xathrid Necromancer				
DCI #:	4	Soldier of the Pantheon		Sideboard: (Mag	nia to 15\	
	4	Brain Maggot		# in deck: Card Na		
	3	Orzhov Charm				
	3	Thoughtseize				
	3	Banishing Light				
	1	Spear of Heliod				
me:						
First Name:			_			
Ē						
				Total Number of Care	ds in Sideboard:	
e:				FOR OFFICIAL USE ONLY	Main/SB: /	
Last Name:				Deck Check Rd #:	Deck Check Rd #:	
Last	Tatal No. 1	an af Canda in Maio Dayl	60	Status:	Status:	
	Total Numbe	er of Cards in Main Deck:		Judge:	Judge:	