DECK REGISTRATION SHEET

First Letter of
Last Name



Date:	Event:	
Location:	Deck Name:	
	 Dock Docianor	

PRINT CLEARLY USING ENGLISH CARD NAMES

	Main Dec	ck: (Magic: 60 Minimum)		Main Ded	ck Continued & Basic Lar	nds:
	# in deck:	Card Name:		# in deck:	Card Name:	
	4	Ainok Bond-Kin				
	4	Abzan Falconer				
	4	Abzan Battle Priest				
	4	Mer-Ek Nightblade				
	4	Phalanx Leader				
	2	Swarm of Bloodflies				
	4	Ephemeral Shields				
	2	Retribution of the Ancients				
	2	Boon of Erebos				
	2	Glimpse the Sun God				
	2	Excoriate				
#	2	Asphyxiate				
DCI #:	4	Scoured Barrens			d: (Magic: up to 15) <u>Card Name:</u>	
	12	Plains		# III dcck.	<u>cara name.</u>	
	8	Swamp				
:e:						
First Name:						
Firs						
		-				
		-				
		_				
				Total Numb	er of Cards in Sideboard:	0
.e:				FOR OFFICIAL USE ONLY	Main/SB: /	·
Last Name:				Deck Check Rd #:	Deck Check Rd #:	
Last	Total Numb	66 1 : 14 : 5 1	60 l	Status:	Status:	