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 De	ck: (Magic: 60 Minimum)	Ma	in Decl	k Contin	ued & Basic	Lands:	
	# in deck:	Card Name:	<u># in</u>	deck:	Card Nam	<u>e:</u>		
	2	Kozilek's Channeler						
	4	Catacomb Sifter						
	4	Blisterpod						
	4	Carrier Thrall						
	3	Brood Butcher						
	2	Eldrazi Devastator						
	1	Ulamog, the Ceaseless Hunger						
	2	Endless One						
	4	From Beyond						
	4	Titan's Presence						
	4	Grave Birthing						
	2	Ruinous Path						
DCI #:	4	Spawning Bed			1: (Magic <u>Card Nam</u>	: up to 15)		
	3	Mortuary Mire	<u># 111</u>	ueck.	Caru Maiii	<u>e.</u>		
	8	Swamp						
	9	Forest						
		1 01001						
.:								
First Name:								
First								
			 Tota	ıl Numbe	er of Cards	in Sideboard:		0
ë.			FOR OFFICIAL USE	E ONLY		Main/SB:	/	
Last Name:			Deck Check Rd	#:		Deck Check Rd #:		
Last	Total Numb	66	Status:			Status:		