DECK REGISTRATION SHEET

First Letter of Last Name

Date:		Event:	
Location:		Deck Name:	B
		Deck Designer:	

PRINT CLEARLY USING ENGLISH CARD NAMES

DCI #:

First Name:

Last Name:

Main Deck: (Magic: 60 Minimum)

# in deck:	Card Name:
4	Diregraf Ghoul
3	Liliana of the Veil
4	Tragic Slip
3	Dead Weight
4	Typhoid Rats
4	Skirsdag High Priest
4	Highborn Ghoul
4	Gravecrawler
3	Altar's Reap
2	Victim of Night
4	Geralf's Messenger
21	Swamp

Total Number of Cards in Main Deck: 60

Main Deck Continued & Basic Lands:

# in deck:	Card Name:

Sideboard: (Magic: up to 15)

# in deck:	Card Name:
2	Sever the Bloodline
2	Blazing Torch
1	Swamp
2	Tribute to Hunger
4	Bloodline Keeper
2	Victim of Night
2	Witchbane Orb

Total Number of Cards in Sideboard: 15

FOR OFFICIAL USE ONLY	Main/SB: /
Deck Check Rd #:	Deck Check Rd #:
Status:	Status:
Judge:	Judge: