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:
25	Swamp
4	Crypt Ghast
4	Desecration Demon
4	Disciple of Bolas
3	Griselbrand
4	Vampire Nighthawk
4	Liliana of the Veil
4	Mutilate
4	Sign in Blood
4	Victim of Night

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:
3	Dead Weight
4	Gloom Surgeon
3	Grafdigger's Cage
1	Griselbrand
4	Ratchet Bomb

Total Number of Cards in Sideboard: 15

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