DECK REGISTRATION SHEET

First Letter of Last Name

Date:		Event:	
Location:		Deck Name:	Zombies
		Deck Designer:	

PRINT CLEARLY USING ENGLISH CARD NAMES

DCI #:

First Name:

Last Name:

Main Deck: (Magic: 60 Minimum)

# in deck:	Card Name:
4	Carnophage
4	Cemetery Reaper
4	Diregraf Colossus
4	Diregraf Ghoul
3	Lake of the Dead
3	Lazotep Reaver
4	Liliana's Mastery
4	Lord of the Undead
2	Nameless Inversion
4	Sarcomancy
20	Swamp
4	Undead Augur

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:
4	Duress
4	Jinxed Choker
2	Nameless Inversion
3	Planar Void
2	Victim of Night

Total Number of Cards in Sideboard: 15

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