DECK REGISTRATION SHEET

First Letter of Last Name

Date:		Event:	
Location:		Deck Name:	Cephalid Breakfast
		Deck Designer:	

PRINT CLEARLY USING ENGLISH CARD NAMES

DCI #:

First Name:

Last Name:

Main Deck: (Magic: 60 Minimum)

# in deck:	Card Name:
4	Nomads en-Kor
4	Baleful Strix
4	Cephalid Illusionist
3	Narcomoeba
1	Thassa's Oracle
3	Teferi, Time Raveler
4	Brainstorm
3	Daze
4	Force of Will
1	Cabal Therapy
4	Ponder
1	Dread Return
2	Step Through
2	Aether Vial
1	Shuko
4	Flooded Strand
1	Island
1	Plains
4	Polluted Delta
3	Tundra
3	Underground Sea
3	Urza's Saga

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	Flusterstorm
2	Hydroblast
2	Surgical Extraction
4	Swords to Plowshares
3	Prismatic Ending
2	Serenity

Total Number of Cards in Sideboard: 15

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