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
2	Clawing Torment
4	Cryptbreaker
4	Dark Ritual
4	Death Baron
4	Diregraf Colossus
4	Diregraf Ghoul
4	Dread Wanderer
4	Festerleech
4	Geralf's Messenger
1	Hagra Mauling
4	Sarcomancy
17	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:
3	Bitter Triumph
2	Clawing Torment
3	Duress
3	Headless Rider
4	Lost Legacy

Total Number of Cards in Sideboard: 15

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