

# DECK REGISTRATION SHEET

First Letter of Last Name



|           |  |                |  |
|-----------|--|----------------|--|
| Date:     |  | Event:         |  |
| Location: |  | Deck Name:     |  |
|           |  | Deck Designer: |  |

PRINT CLEARLY USING ENGLISH CARD NAMES

|             |                                     |            |                                     |            |
|-------------|-------------------------------------|------------|-------------------------------------|------------|
| DCI #:      | Main Deck: (Magic: 60 Minimum)      |            | Main Deck Continued & Basic Lands:  |            |
|             | # in deck:                          | Card Name: | # in deck:                          | Card Name: |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
| First Name: |                                     |            | Sideboard: (Magic: up to 15)        |            |
|             | # in deck:                          | Card Name: | # in deck:                          | Card Name: |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
| Last Name:  | Total Number of Cards in Main Deck: |            | Total Number of Cards in Sideboard: |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |
|             |                                     |            |                                     |            |

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