

# DECK REGISTRATION SHEET

First Letter of Last Name



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

PRINT CLEARLY USING ENGLISH CARD NAMES

|                   |  |                      |   |                                     |
|-------------------|--|----------------------|---|-------------------------------------|
| DCI #:            | <b>Main Deck: (Magic: 60 Minimum)</b>      |                      | <b>Main Deck Continued &amp; Basic Lands:</b> |                                     |
|                   | <u># in deck:</u>                          | <u>Card Name:</u>    | <u># in deck:</u>                             | <u>Card Name:</u>                   |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   | First Name:                                |                      |   | <b>Sideboard: (Magic: up to 15)</b> |
| <u># in deck:</u> |  | <u>Card Name:</u>    | <u># in deck:</u>                             | <u>Card Name:</u>                   |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
|                   |  |                      |   |                                     |
| Last Name:        | <b>Total Number of Cards in Main Deck:</b> |                      | <b>Total Number of Cards in Sideboard:</b>    |                                     |
|                   | <input type="text"/>                       | <input type="text"/> | <input type="text"/>                          | <input type="text"/>                |

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