DECK REGISTRATION SHEET

First Letter of Last Name:

DCI™

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

PRINT CLEARLY USING ENGLISH CARD NAMES

Last Name:

First Name:

DCI #:

Main Deck: (Magic: 60 Minimum)

 # in deck: **Card Name:**

Total Number of Cards in Main Deck:

Main Deck Continued & Basic Lands:

 # in deck: **Card Name:**

Sideboard: (Magic: 15 or 0 exactly)

 # in deck: **Card Name:**

Total Number of Cards in Sideboard:

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