DECK REGISTRATION SHEET

Table Number		First Letter of Last Name	

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

PRINT CLEARLY USING ENGLISH CARD NAMES

DCI #:

First Name:

Last Name:

Main Deck:

# in deck:	Card Name:

Total Number of Cards in Main Deck:

Main Deck Continued:

# in deck:	Card Name:

Sideboard:

# in deck:	Card Name:

Total Number of Cards in Sideboard:

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