Player and Deck Registration Sheet

Name:_____ DCI#_____

Address:_____ Birthday_____

City_____ State_____ Zip_____

Phone_____ Email_____

Important. Please read. We cannot register you if we cannot read your DCI number or if you leave this blank or if you use a DCI number that does not match your name. Make sure this is correct. We will not look for you to correct it. Please fill out your deck list and bring it along with the entry fee to the registration desk.

DECK NAME:_____ DECK DESIGNER:_____

DECK

Use English-language card names only.

Number	Card Name	Number	Card Name