Thrading Can	DECK REGISTRATION FO	ORM	First Letter of Last Name
- 755-28257	Date:	Event:	
	Location:	Deck Name:	
PRINT	CLEARLY USING ENGLISH CARD NAMES	Ruler -	
Main Deck - (40 card minimum)  Quantity Card Name		Magic Stone Deck - Quantity Card Name	
		Total number of Card  Sideboard - (up to 1  Quantity Card Name	5 cards)
First Name:			
		Total number of Car	ds in Sideboard

Total number of Cards in Main Deck:

Last Name:

FOR OFFICIAL USE ONLY	Main / SB: /	
Deck Check Round Number:	Deck Check Round Number:	
Status:	Status:	
Judge:	Judge:	