



New Zealand Darts Council

North Island 180 Claims Application Form

Cover Sheet

N.Z. Darts Council Inc
P O Box 2139
Stortford Lodge
Hastings NZ
email: regions1to7ni180s@xtra.co.nz

From
.....
.....
.....
.....

Email:
Badge Controller:
Phone.....
Date

Batch No

MEM #	SURNAME	FIRST NAME	CLAIM	ENCLOSURES – BADGES INSERTS OR MONEY	(NZDC OFFICE USE ONLY) ACTION COMMENTS

Claim Completed: _____ Date: _____