



NEW ZEALAND DARTS COUNCIL INC

TRANSFER FORM

PLAYER TO COMPLETE

Player Name: _____

I request a transfer from _____ Association

to transfer to _____ Association

Signature of Player: _____

OLD ASSOCIATION TO COMPLETE

Season in which Player last played: _____ Membership No. _____

Number of 180's held: _____ 170 Finish: _____

Clearance Signed by Secretary: _____ Association: _____

NEW ASSOCIATION TO COMPLETE

Transfer Records to: _____ Association

Transfer Accepted by Secretary: _____ Date: _____

Send this completed form to:

NZ Darts Council
P O Box 42042
Homedale 4059
WAINUIOMATA
nzdarts@xtra.co.nz

Received by NZDC: _____ Date: _____

Notified 180 Badge Controller: _____ Date: _____

This section to be completed by NZDC