

New Zealand Darts Council Inc
 PO Box 42042
 Homedale 4059

Form NZDC 2
 ASSOCIATION MEMBER REGISTRATIONS
nzdarts@xtra.co.nz

Wainuiomata

Date _____
 Sent: _____

ASSOCIATION: _____ SEASON: _____

Please List by Last Names in Alphabetical Order (A-Z) or by Member Number

A birth certificate or passport must accompany all Jnr/Yth registrations

NZDC #	Last Name	First Name	Gender M/F	Snr, Jnr or Yth	Fee Paid
			M or F	Snr Jnr Yth	
				Total	\$0.00

Return this COPY to NZDC

JUNIOR: 9-13 Years
YOUTH: 14-17 Years
SENIOR: 18+

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