New Zealand Darts Council

North Island 180 Claims Application Form

Cover Sheet

From ……
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N.Z. Darts Council Inc
P O Box 2016
Gonville
Wanganui 4543

email: region8to12180s@xtra.co.nz

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: _____