New Zealand Darts Council

South Island 180 Claims Application Form

Cover Sheet

N.Z. Darts Council Inc
13B Clyde Street
Timaru

email: wilphil@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: _____