# New Zealand Darts Council

## North Island 180 Claims Application Form

## Cover Sheet

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P O Box 35-223
NaeNae
Lower Hutt 5041
email: 180badgecontroller@gmail.com

From ……
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Email: ……
Badge Controller: ……
Phone……
Date ……

Batch No

| MEM # | SURNAME FIRST NAME | CLAIM | ENCLOSURES – BADGES INSERTS OR MONEY | (NZDC OFFICE USE ONLY) ACTION COMMENTS |
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Claim Completed: _____ Date: _____