



NEW ZEALAND DARTS COUNCIL
TRANSFER FORM

I _____ request a transfer from

_____ Association

To _____ Association

I authorize this transfer: _____ Signature of Player

My full name is: _____

Season in which Player last played: _____ Membership No _____

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

Clearance Signed: _____ Date: _____
(Old Association Secretary)

Transfer Records to: _____ Association

Transfer Accepted: _____ Date _____
(Secretary New Association)

Send to:

**NZ Darts Council
P.O. Box 75-426
Manurewa 2243
Auckland**

Membership Director: Received _____ Date: _____

Notified 180 Badge Controller: _____ Date: _____