

# New Zealand Darts Council Inc

PO Box 42042  
Homedale 4059  
Wainuiomata

# Declaration Form

Association Member Vaccination Declaration  
[nzdarts@xtra.co.nz](mailto:nzdarts@xtra.co.nz)

Date: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_ SEASON: \_\_\_\_\_

I declare that a current vaccination pass has been sighted or scanned for each member I wish to register with the New Zealand Darts Council Inc.

I declare a current exemption has been sighted or scanned for any member not vaccinated.

I understand that any member without a vaccination pass or exemption cannot be registered with the New Zealand Darts Council Inc.

Secretary Name: \_\_\_\_\_

Signed: \_\_\_\_\_