



New Zealand Darts Council
South Island 180 Claims Application Form
Cover Sheet

From

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

email: Wil.bob1962@gmail.com

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: _____