

PO BOX 408, KAIKOHE, 0440 PH: 09 4011015 EXT 2 OR FAX: 09 4012407

SURNAME: Mrs (Print Clearly) Mrs.	FULL FIRST I	NAMES:			
ADDRESS:					
EMAIL:		MOBILE PH	:		
ELEPHONE: (Home)	(Bus)		DATE OF BIRTH:		
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KAIKOHE CAR CLUB INC. reserves the right to mix grades if necessary