

Carolina Mountain Club Waterfall Challenge Recognition Application

Applicant Name:

Age:

Address:

e-mail Address:

CMC Member: Yes/No

Date of Completion:

Please include one picture of yourself at a waterfall of your choice.

**Mail or e-mail this Application to:**

**Jack Fitzgerald**  
**36 Gray Wolf Ln**  
**Hendersonville, NC**  
**28792**  
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