

Carolina Mountain Club Waterfall Challenge Recognition Application

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

e-mail Address: \_\_\_\_\_

CMC Member (you must be a member): Yes      No

Do you want your certificate and patch (circle one): Mailed      Presented at Annual Dinner

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**

**W100@carolinamountainclub.org**