

WC100 Carolina Mountain Club Waterfall Challenge Recognition Application

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

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

\_\_\_\_\_

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

CMC Member (you must be a member): Yes or No If you are not a member, select Join on the Web site Home page.

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

Date of Completion: \_\_\_\_\_

E-mail (photo or PDF) this Application and completed Checklist to:

WC100@carolinamountainclub.org