



The District of Peachland
Pincushion Mountain Certificate Form

Name of Participants and hometown (*Please print clearly*):

Date climbed:

Certificate(s) to be mailed or picked up (check one) Mailed _____ Picked Up: _____

Address if mailed:

Phone number or email address if picked up:

Office Use Only:

Date Received: _____

Staff Member who received form: _____

Additional Notes:
