

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:

Personal information collected on this form is collected for the purpose of processing this application and administration. The personal information is collected under the authority of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of your personal information, please contact the Director of Corporate Services 250.767.2647.