

El Camino Car Wash Fund Raising Event

Contact Information:

Name of Organization: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Address: _____ City: _____

Alternate Contact Person: _____ Phone #: _____

Funds Raised:

Payable To: _____

Address For Payment: _____ City: _____

Fund Raiser Dates Requesting if Available: _____

Agreement:

___ The organization should make a concentrated effort to sell at least 50 car wash coupons prior to the event.

___ The organization is to have at least 8 volunteers on side during the event.

___ Volunteers should commit to at least 2 hour shifts. Enthusiasm is a must!

___ Signs, banners, tables to be furnished by the organization.

___ Car wash will provide balloons.

Signature: _____ Date: _____