



CHARITY CAR WASH APPLICATION

Academy Powers

Group Name:			
Address:	City:	State:	Zip:
Contact Name:	Position:		
Telephone Number:	Email Address:		

How many people are in your group? _____

What do you plan to use the proceeds of the charity wash for? _____

How will you communicate the charity wash to your members/extended family/larger organization, etc.? _____

Is your group part of a larger organization? Yes No

Can you guarantee at least 10-15 people to participate? Yes No

Can you do the charity wash anytime during June, July, August? Yes No

Do you plan to sell drinks and/or food? Yes No

Do you plan to dry and vacuum cars for tips? Yes No

Contact Signature	Date:
WBCW Employee Signature	Date: