

RocketFast! Car Wash Location: _____



Fundraising Application

Fundraising Event Name: _____

Group Name: _____

Organization Website: _____

Contact/Chairperson: _____

Address: _____
Street Address City State Zip / Postal Code

Cell Phone: _____ Work: _____ Home: _____

Email: _____

2nd Contact Person: _____ Phone: _____

Starting Date: _____ Ending Date (31 days): _____

Fundraising Goal Amount: _____

Additional Comments:

Signature

Date

Print Name