



Request Form

If you are requesting to hold a car wash using a Sonic Drive-In location parking lot, please fill out this request form. Then email/fax to: advsoap@sonicpartnernet.com/602-266-0650.

NAME OF GROUP: _____

CONTACT NAME & NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DATE(S) REQUESTED: _____

TIME OF CAR WASH: _____ TO _____

SONIC LOCATION: _____

REASON FOR CAR WASH: _____

If your car wash is approved you must be aware of the following guidelines:

1. There must be adequate adult supervision to run the car wash safely & responsibly.
2. Your group must supply your own:
 - Hoses, nozzles, buckets, sponges and any cleaning materials used
3. You must keep area clean.
4. You must supply a **Certificate of Liability Insurance** form with MHR Sonic of Phoenix listed as Certificate Holder prior to the car wash.
5. Depending on time, day of the week, etc. there may be other conditions before we can sign off on the car wash.

For office use only

DATE OF CAR WASH: _____ STORE LOCATION: _____

APPROVED BY: _____ CERTIFICATE RECEIVED: _____