



**AMERICAN ASSOCIATION FOR NUDE RECREATION-  
FLORIDA REGION, INC.**

**Landed Club Application to Host an AANR-Florida  
Board of Directors Meeting or Annual Convention**

Year \_\_\_\_\_  Fall     Mid-Winter     Annual Convention

To: Chairperson, Convention and Meetings Committee

The accuracy of the following statements, submitted in support of this application to host an AANR-Florida board of directors meeting and/or annual convention, is certified by the undersigned.

**1. Club Identification:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**2. Contact Person:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**3. Description of Facility:**

Total Acres: \_\_\_\_\_  
Parking Area: \_\_\_\_\_  
Type of Screening,  
if any: \_\_\_\_\_

**4. Access to Facilities and Public Transportation:** Indicate distance in miles

Commercial Airport \_\_\_\_\_ Amtrak Station \_\_\_\_\_ Bus Depot \_\_\_\_\_  
 Interstate/Highway \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ RV Park \_\_\_\_\_  
 Grocery Store \_\_\_\_\_ Shopping \_\_\_\_\_ Auto Repair \_\_\_\_\_  
 Attractions \_\_\_\_\_ Hospital \_\_\_\_\_ Beach \_\_\_\_\_

**5. Meeting Areas:** Indicate number and dimensions of indoor and outdoor areas to be reserved for AANR-Florida board of directors meeting and/or annual convention.

Indoor: \_\_\_\_\_  
 Outdoor: \_\_\_\_\_  
 Pavilion: \_\_\_\_\_

**6. Proposed Ground Fees Charged by Host Club:**

	<b>AANR Member</b>	<b>Non-AANR Member</b>
Daily Fee per Family:	\$ _____	\$ _____
Daily Fee per Single:	\$ _____	\$ _____
Meeting Period Family:	\$ _____	\$ _____
Meeting Period Single:	\$ _____	\$ _____
Convention Period Family:	\$ _____	\$ _____
Convention Period Single:	\$ _____	\$ _____

**7. Lodging:** Describe lodging available for officials and attendees, both on site and off site.

<b>Type</b>	<b>Number Available</b>	<b>Cost per Day/Week</b>	<b>Hotel/Motel RV Park</b>	<b>Miles from Club</b>
Private Rooms/Cabins:	_____	\$ _____	_____	_____
Rental RV's/Trailers:	_____	\$ _____	_____	_____
RV Full Hook-up 30 amps:	_____	\$ _____	_____	_____
RV Full Hook-up 50 amps:	_____	\$ _____	_____	_____
RV No Hook-up:	_____	\$ _____	_____	_____
Tenting Sites:	_____	\$ _____	_____	_____

**8. Food Service:** Please attach a sample menu(s) selection available of your food service as well as off site options).

Type	Seating Capacity	Hours Open
Restaurant:	_____	_____
Snack Bar:	_____	_____
Lounge:	_____	_____

**9. Policy Concerning Outside Food Brought onto Property:** Describe in detail club policy concerning possession of food brought onto property.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Policy Concerning Consumption of Alcoholic Beverages.** Describe in detail club policy concerning possession/consumption of alcoholic beverages.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Recreational Facilities:** Please indicate any recreational facilities available.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Sanitation Facilities:** Indicate number of showers and rest rooms available.

	Showers		Rest Rooms
	Hot	/ Cold	
Indoor:	_____	/ _____	_____
Outdoor:	_____	/ _____	_____

**13. Media Coverage:** Please indicate if you plan any coverage by media, radio and/or television.

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**14. Additional Facilities Scheduled for Completion by Meeting and/or Convention Date:**  
Describe any facilities currently unavailable but planned for completion by meeting and/or convention date.

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**15. Additional Remarks/Information:** (Club brochure, area/club maps or other relevant information).

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This application shall become a part of the AANR-Florida board of directors meeting and/or annual convention contract, and the terms shall be binding upon all parties.

Signature of person preparing this application:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Club Title or Position

\_\_\_\_\_  
Date