AMERICAN ASSOCATION 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:**

	AANR Member	**Non-ANNR Member**
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 onsite and offsite.

Type	**Number Available**	**Cost per Day/Week**	**Hotel/Motel RV Park**	**Miles from Club**
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 offsite 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.

_____

_____

_____

_____

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

_____

_____

_____

_____

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

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

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

_____

_____

_____

_____

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.

_____

_____

_____

_____

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

_____

_____

_____

_____

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