AMERICAN ASSOCATION FOR NUDE RECREATION-FLORIDA REGION, INC.

Non-Landed Club Application to Host an AANR-Florida Board of Directors Meeting

Year_____ ☐ **Fall** ❑ **Mid-Winter**

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, 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 Screen, 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 dimensions of areas to be reserved for AANR-Florida board of directors meeting.

_____

_____

_____

_____

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:	$ _____	$ _____

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

Hotel/Motel/RV Park	**Cost per Day/Week**	**Miles from Club**
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____

8. **Food Service:** Please indicate if food service is available.

_____

_____

_____

_____

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

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_____

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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 if any recreation facilities are available.

_____

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_____

_____

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

Showers	**Rest Rooms**
_____	_____

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

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14. **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 contract, and the terms shall be binding upon all parties.

Signature of person preparing this application:

Signature	Printed Name
Club Title or Position	Date