



**AMERICAN ASSOCIATION 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.

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**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:	\$ _____	\$ _____

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

<b>Hotel/Motel/RV Park</b>	<b>Cost per Day/Week</b>	<b>Miles from Club</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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

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

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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**

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**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:

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Signature

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Printed Name

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Club Title or Position

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Date