



Manatee County Natural Resources Department
SPECIAL EVENT APPLICATION

Applications must be received two (2) weeks prior to event.

Name of Group or Event _____

Nature of Gathering _____

Date of Event _____ Date of Application _____ Estimated Attendance _____

Special Needs _____ Time: From _____ To _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Fax _____

FACILITY REQUEST:

- | | | |
|---|--|---|
| <input type="checkbox"/> DUETTE PRESERVE | <input type="checkbox"/> EMERSON POINT PRESERVE | <input type="checkbox"/> ROBINSON PRESERVE |
| <input type="checkbox"/> Picnic Shelter | <input type="checkbox"/> Picnic Shelter 1 (Class Room) | <input type="checkbox"/> Campground |
| <input type="checkbox"/> Check Station Campground | <input type="checkbox"/> Picnic Shelter 2 (Canoe Launch) | <input type="checkbox"/> Wagon Tour with Guide |
| <input type="checkbox"/> Trail 2 Campground | <input type="checkbox"/> Picnic Shelter 3 (The Point) | <input type="checkbox"/> Wagon Tour without Guide |
| <input type="checkbox"/> JIGGS LANDING | <input type="checkbox"/> RYE PRESERVE | <input type="checkbox"/> Picnic Shelter |
| <input type="checkbox"/> RIVERVIEW POINTE | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> LEFFIS KEY | <input type="checkbox"/> Campground | <input type="checkbox"/> Visitors Center Event |

- ◆ A user fee may be charged for each facility used.
- ◆ Applicants may be asked to provide an original Certificate of Insurance naming Manatee County, a political subdivision of the State of Florida, additionally insured.
- ◆ The original Certificate of Insurance must be received prior to the event being approved.

Applicant Signature _____ Date _____

PLEASE RETURN THIS FORM FOR FACILITY REQUESTED TO:

Manatee County Natural Resources Department
202 6th Avenue East
Bradenton, FL 34208
Attention: Kelli Polanski

STAFF USE ONLY		
APPROVED	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exempt # _____
AMOUNT DUE \$ _____	FEE WAIVED _____	AMOUNT PAID \$ _____
CERTIFICATE OF INSURANCE REQUIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS _____		
Authorized Signature _____	Date _____	

◆ NO ALCOHOLIC BEVERAGES ALLOWED IN ANY COUNTY FACILITY ◆
***EXCEPT FOR TRASH PLACED IN RECEPTACLES, EVERYTHING BROUGHT IN FOR THE EVENT
MUST BE REMOVED BY THE END OF THE DAY.***