

**SUNLAND/WILLIAM J. RISH RECREATIONAL PARK
APPLICATION FORM (6 PAGES)**

The Florida Agency for Persons with Disabilities Operates the Sunland/William J. Rish Recreational Park exclusively for use by citizens with physical or cognitive disabilities and their accompanying families or attendants. Family and friends of Group Home Operators, if not on staff or functioning as bonafide attendants, for example, are not eligible.

Before completing this form please contact the Sunland Reservations Coordinator for Rish Park at 850-482-9386 to determine availability of facilities on desired dates.

1. Agency/Individual Name: _____

2. Address: _____

3. Telephone Number: _____

ARRIVAL TIME STARTS AT 1:00 PM EST

4. Date/Time of Arrival: _____

DEPARTURE TIME ENDS AT 11:00 AM EST

5. Date/Time of Departure: _____

6. Please check accommodations desired:

	# of Disabled Individuals	# of Family/ Attendants
() Day Visit Only	_____	_____
() Dormitory with Kitchen Stove and Refrigerator	_____	_____
() Dormitory without Kitchen Refrigerator Only	_____	_____
() #1 Family Cottage (up to 7 people) (Wheelchair Accessible Shower)	_____	_____
() #2 Family Cottage (up to 7 people) (Wheelchair Accessible Shower)	_____	_____

TOTAL NUMBER STAYING _____

ADJUSTED NUMBER STAYING _____

(TO BE ADJUSTED BY PARK MANAGER)

7. Please attach a list of disabled individuals, by name, identifying any special problem i.e., epileptic seizures, acting out behaviors, etc., in order to assure that Park officials are aware of special needs.

8. Please check one: No assistance needed (capable of handling all activities of daily living, recreation and life safety situations)
- Dependent (Please attach a list by name and position title of staff and/or chaperones who will accompany group/individuals identifying any special skills, e.g. licensed nurse, certified lifeguard, etc.) Please attach a tentative program agenda for your stay.

9. Please attach a tentative program agenda for your stay.

10. The Resident Park Manager is available for developing a recreation program. If you would like this assistance, please indicate below:

YES NO

11. Will you need the use of the Main Lodge YES NO

****Note: Disabled individuals visiting Rish Park for the first time must provide to the Reservations Coordinator a physician's certification of disability or some other form of proof of disability.**

*******For Agency for Persons with Disabilities Staff*******

11. If you are not disabled, please state the purpose for which the park will be used:



12. Please read all the information furnished in this packet. Sign and return the completed Application (Attachment A, pages 1-6) along with signed Rules for Campers (Attachment B, pages 1-4), and Rules for Swimming Pool (Attachment E, pages 1-2) . Full payment is to be submitted with application for reservations.

Reservation Coordinator for Rish Park
Sunland Center
3700 Williams Drive
Marianna, FL 32446

13. We understand that William J. Rish Recreational Park is NOT responsible for ensuring that accompanying staff, chaperones, or any other persons have had screening and background checks to meet the intent of Chapters 393 and 415, Florida Statutes. We understand that it is the responsibility of the individual/group/agency to ensure that caretakers, chaperones, or other persons meet the requirements for good moral character as specified in the above listed Chapters.

Signed: _____

Date: _____

SIGN AND KEEP THIS FOR YOUR RECORDS

DISCLAIMER

IN THE EVENT OF A NATURAL DISASTER

Both parties agree that this agreement and/or reservation are subject to amendment and/or cancellation in the event that a natural disaster (including, but not limited to, hurricane, tornado, or flood) or other circumstances beyond the control of either party renders William J. Rish uninhabitable.

The signatures below will be evidence of both parties concurrence with the terms of this agreement as stated above.

This form is to be signed by the responsible group leader(s)/chaperone(s) or individual(s). Signature(s) certify that you have read, understood and agree to follow the Sunland Rish Park Application contained herein. Park Officials have the authority to impose other cancellations, if deemed necessary.

Signature

Date

Reservation Coordinator/Park Manager

Date

**RETURN THIS SIGNATURE SHEET
TO THE RESERVATIONS PARK COORDINATOR**

This form is to be signed by the responsible group leader(s)/chaperone(s) or individual(s).

This signature sheet is acknowledgement of having received, read, understood and agreed to the Sunland Rish Park application, DISCLAIMER "IN THE EVENT OF A NATURAL DISASTER." I also understand Park Officials have the authority to impose other cancellations, if deemed necessary.

Signature

Date

Reservation Coordinator/Park Manager

Date

KEEP THIS FOR YOUR RECORDS

FEEES

Please remit payment, in full, along with your signed Application (pages 1 – 4), signed Rules for Campers, Tax Exempt Certificate, and signed Rules for Swimming Pool then send to the address at the bottom of page 2, item #13 of the application. Payment must be by check or money order and be made payable to **Welfare Trust Fund/Rish Park Rentals**.

Fees are as follows:

1. Day use only: \$5.00 per day; per person
2. Dormitory: \$15.00 per night; per person (for large groups renting the **entire park** the cost is \$650.00 per night.)

For groups over 60, \$10 per night
3. Family Cottage: \$15.00 per night; per person (with a minimum of \$30.00 per night)

Please include 12% tax (7% sales tax & 5% bed tax) in the cost when making out your check. If your facility is tax exempt, please fill out the **Blanket Certificate of Resale/Exemption** (Attachment A, Page 6) of this application and include your tax-exempt number.

NOTE: Application and payment must be received 10 days prior to reservation date or reservations will be cancelled. (Exceptions for large groups may be made by calling in advance.)

MAXIMUM CAPACITY: 102

BLANKET CERTIFICATE OF RESALE/EXEMPTION

This is to certify that all real property leased or tangible personal property purchased or leased after _____(date) from Sunland is purchased or leased for the purpose of re-rental as real property (William J. Rish Recreational Park).

This certificate shall be considered as part of each order we shall give provided such order contains our certificate number. This certificate is to continue in force until revoked by written notice to the seller or supplier and the Florida Department of Revenue.

Purchaser's Name

_____-_____-_____
Certificate of Registration

Location Address

Effective Date

City

State

Zip

Signature of Authorized Representative

Date

Please provide a copy of the Certificate of Registration with this Form