



GULF COUNTY BOARD OF COUNTY COMMISSIONERS  
ST. JOSEPH'S BAY GOLF CLUB  
700 COUNTRY CLUB ROAD  
PORT ST. JOE, FLORIDA 32456  
850.227.1751

## **EVENT APPLICATION**

**REQUEST FOR USE OF FACILITY** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

Name of individual or organization: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

*Beginning and ending times must include all anticipated setup and cleanup time required. For extended periods of use or very involved facility usage, attach a written request with as much detail as possible with this application. If over 100 people, this application must be reviewed and signed off by the Gulf County Administration*

RESERVATION DATE: \_\_\_\_\_ To \_\_\_\_\_ DAY/DAYS OF THE WEEK: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_ #of Participants: \_\_\_\_\_

Describe your function by checking all that applies: (List Activity) \_\_\_\_\_

Is this a fund-raising event?  yes  no Are you a registered as a non for profit entity?  yes  no

Registered Name of Non-Profit entity: \_\_\_\_\_

Are there any fees associated with this event?  yes  no

Clubhouse  yes  no

Swimming Pool Area  yes  no

Golf Course  yes  no

**GULF COUNTY BOARD OF COUNTY COMMISSIONER – ST. JOSEPH’S BAY GOLF CLUB POLICIES AND REQUIREMENTS:**

- Fee Schedule attached
- Alcohol consumption only in designated areas of the Club Facility
- Deposit fee of \$200.00 for the event will be received and held by the Tourist Development Council along with the completed and executed Rental Agreement

**PLEASE READ AND SIGN HOLD HARMLESS AGREEMENT**

Applicant shall indemnify and hold County and its officers, agents, and employees free and harmless for any and all claims, demands, lawsuits, actions of any kind, damages, judgments, amounts paid in settlement, costs, and expenses (including attorney’s fees), which may be incurred or arise out of Applicant’s exercise of permission granted or from any of the Applicant’s activities related there to.

As part of the application process, the Applicant has reviewed a copy of the facility rules and will make sure that all members of his/her group comply with these rules. The Applicant realizes that a failure to follow these rules may result in his/her permit to use the facility to be revoked.

I certify that all statements on this application are complete and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

(For Facility Manager Use Only)

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Notes: \_\_\_\_\_

Approved/Denied By \_\_\_\_\_ Date \_\_\_\_\_