

NAFC 2016 RESOURCE DIRECTORY APPLICATION

APPLICATION DUE DECEMBER 4, 2015

**PLEASE PROVIDE COMPLETE INFORMATION FOR YOUR AGENCY,
SERVICE OR BUSINESS**

NOTE: IT IS IMPORTANT THAT YOU COMPLETE THE 2016 KEY WORD LISTING PAGE

**INFORMATION OBTAINED FOR THE NAFC DIRECTORY WILL NEVER BE DISTRIBUTED TO OTHERS
WITHOUT PRIOR PERMISSION.**

Name of Agency/Service/Business _____

Non-Profit _____ For Profit: _____

Director/Owner: _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Fax _____ E-mail _____

Internet Home Page http:// _____

We will include NAFC link (www.napleschild.org) on our page

Florida State License # _____ Other # _____ (if applicable)

Purpose:

Services: (Include Ages Served, Activities, and Programs)

Fees: None _____ Insurance _____ Private Pay _____ Sliding Scale _____

Eligibility requirements (if any):