

The Villages®

Community Development Districts

Recreation



984 Old Mill Run, The Villages, FL 32162
 Office Hours Monday through Friday 8am-5pm
 Phone: 352-674-1800 Fax: 352-674-1815
 Website: www.DistrictGov.org

Picnic Pavilion Reservation Application

Thank you for your interest in the use of our facility for your event. This application will be viewed as a request and does not guarantee a facility reservation. In our efforts to meet your request, a staff member will be in contact with you upon reviewing your application. Please allow 3 business days for processing.

FACILITIES ARE OPEN MONDAY THROUGH SUNDAY 7AM-DUSK

Individual <input type="checkbox"/>	Resident Lifestyle Group <input type="checkbox"/>
Name:	Your Name:
Resident ID #:	Group Name:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____ Fax #: _____

Event Name: _____ Estimate # Attendees: _____

Will all attendees of this function be: Residents Guests with valid Ids

Brief Description of Event: _____

Facility/Recreation Center Requested:

1st Choice: _____ 2nd Choice: _____

Dates Requested: 1st Choice: _____ 2nd Choice: _____

Requested time –Set up Time: _____ Start Time: _____ End Time: _____

Would you like to reserve a rain room?: (circle one) Yes No

Will event be catered?: _____ If yes, by whom? _____

Will alcoholic beverages be served?: _____ If yes, BYOB Florida Licensed Bartender

HOW TO SUBMIT THE APPLICATION:

Deliver in person to the Regional Recreation Center

Applicants will be contacted within 3 days, after application has been reviewed. Applicants will receive a copy and will be required to sign a facility use permit. Small picnic pavilions at neighborhood recreation centers excluded.

The District reserves the right to cancel or alter facility/room use, and will notify Applicant of any changes. In the event of a required change, every effort will be made to accommodate the affected group or organization.

I hereby certify that the information above is accurate to the best of my ability.

X _____ DATE: _____

For Official Use Only
Date Received: _____
Permit #: _____