

# The Villages®

## Community Development Districts Recreation & Parks



984 Old Mill Run, The Villages, FL 32162  
Office Hours Monday through Friday 8am-5pm  
Phone: 352-674-1800 Website: [www.DistrictGov.org](http://www.DistrictGov.org)

### Facility 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 5-10 business days for processing.*

**FACILITIES ARE OPEN MONDAY THROUGH SUNDAY 7AM-10PM**

Individual	Resident Lifestyle Group	Business, Government, Etc.
<b>Name:</b>	<b>Leader Name:</b> <b>ID #:</b>	<b>Your Name:</b>
<b>Resident ID #:</b>	<b>Group Name:</b> <b>Permit #:</b>	<b>Entity Name:</b>
<i>(if applicable)</i>	<b>New Leader Name:</b> <b>ID #:</b> <i>(if applicable)</i>	

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Village: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Estimate # Attendees: \_\_\_\_\_

Event/Group Name: \_\_\_\_\_ **Will attendees of this function be:**

**Is this an annual or repeat of a previous event? (circle one) Yes    No**

Residents     Non-Residents     Both

Brief Description of Event/ Reason for change: \_\_\_\_\_

Facility/Recreation Center Requested: \_\_\_\_\_

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Dates Requested: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Requested time –Set up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Requested Room Type?**                      **Card Room    Arts & Crafts    Med Banquet    Large Room    Theatre**

**Dance floor needed?**                      **Yes                      No**

**Additional A/V Equipment needed?**                      **Projector/Screen    TV    Additional Mics (2 included)    Wifi**

Kitchen access requested:                      **Yes    No**

Will event be catered?: \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Will alcoholic beverages be served?: \_\_\_\_\_ If yes, **BYOB (personal consumption only)**  **Florida Licensed Bartender**

#### HOW TO SUBMIT THE APPLICATION:

**Resident Lifestyle Request:** *Deliver in person to the Regional Recreation Center that oversees your permit*

**Room Reservations:** *Fax, e-mail or deliver in person to Recreation Administration Office*

**Fax: 352-674-1815**

**Email: [RoomReservations@Districtgov.org](mailto:RoomReservations@Districtgov.org)**

*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.*

Signature: \_\_\_\_\_

Revised June 30, 2017

For Official Use Only	
Date Received: _____	RSR Name: _____
Recreation Manager Approval Initials: _____	Permit #: _____