

# 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)

## Room Reservations Facility 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	Business/Government/Etc.
Name:	Entity/Group Name: (If applicable)
Resident ID #: (If applicable)	Event Contact:

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

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

Email: \_\_\_\_\_ Estimate # Attendees: \_\_\_\_\_ **Will attendees of this function be:**

Event Name: \_\_\_\_\_ **Residents      Non-Residents      Both**

Brief Description of Event:

**Facility/Recreation Center Requested:**

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

**Dates Requested:**

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

**Times Requested:**

Setup Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Cleanup Time: \_\_\_\_\_  
 (Room Entry) (Exit Room)

**Requested Room Type?**      Card Room      Village Center Large Room      Regional Center Small Banquet Room      Regional Center Large Banquet Room      Theatre

*Additional Equipment needed (Costs may apply)*

**Dance floor needed?**      Easel      Projector/Screen      TV      Dedicated WiFi

**Will Kitchen be needed?**      If yes, by whom?

**Will event be catered?**

**Will alcoholic beverages be served?**      **BYOB (individual personal consumption only)**      **Bartender (liability insurance required)**

**HOW TO SUBMIT THE APPLICATION:**

**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.*

**Applicant  
Signature**

**Date**

**For Official Use Only**

Date Received: _____	RSR Name: _____
Recreation Manager Approval Initials: _____	Booking #: _____