

Resident Lifestyle Group - Booking Change Request

Only the Leader or 2nd Contact is authorized to request changes. Form must be signed. Please allow 3-5 days for processing.

Group Name:		Booking #:	
Leader Name:		Resident ID #:	
Email:		Phone:	
New Group Leader:		Resident ID #:	
Address:		Village:	
Email:		Phone:	
2nd Contact:		Resident ID #:	
Address:		Village:	
Email:		Phone:	

Room Change Requested		
Add:	Cancel:	Exchange:
Dates:		
Location:		
Room Type:		
Fund-Raiser:	Yes:	No:
Set Up:		
Start:		
End:		

*Reason for change or brief description of the event:

Will attendees be: Residents Non-Residents Both Estimated # of Attendees: _____

Additional A/V Equipment needed? Projector/Screen TV Wi-Fi Additional Mics (2 included)

Kitchen access requested? Yes No Catered? Yes No if yes, by whom? _____

Will Alcoholic beverages be served? Yes No if yes, BYOB (Personal consumption only) Florida Licensed Bartender

The district reserves the right to cancel or alter facility room use, and will notify contract holder of any changes. When requesting a change, flexibility is key as your day, time, and location may not be available. Every effort will be made to accommodate the request.

Signature: _____ Date: _____

Recreation Administration Use Only
Recreation Manager Approval: _____

Leader Notified
Phone Email
Date:
RSR Initials:

RSR Use Only
Date Received: _____
RSR Name: _____
RLVG Meets:
Weekly
Monthly
Other: _____
Call for Info
Return to: _____