



INDOOR FACILITY RESERVATION APPLICATION

Thank you for your interest in the use of our facilities for your event. This application will be viewed as a request and does not guarantee a facility reservation. In our efforts to meet your requirements, a recreation staff member will be in contact with you upon reviewing the application. Please allow 5 – 10 business days for processing. Incomplete forms may delay processing time.

RECREATION FACILITIES ARE RESERVABLE – MONDAY-SUNDAY – 7 AM TO 10 PM (unless otherwise specified)
 (Excluding Thanksgiving Day / Christmas Day / New Years Day)

NOT FOR RLVG REQUESTS

INDIVIDUAL REQUEST

BUSINESS / GOVERNMENT / ETC. REQUEST

Name: _____ Entity Name: _____
 Resident ID #: _____ (if applicable) Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Alternate Phone: _____
 Email Address: _____
 Event Name / Description: _____

Estimated # Attendees: _____
Check ALL that apply: Residents Non-Residents (With Guest ID's) Non-Residents (Ineligible for Guest ID)

FACILITY TYPE REQUEST (rental charges may apply)

ROOM TYPE: _____ GAME ROOM: _____

***Gratis Rooms:** Each resident is afforded four per calendar year. Everyone attending must have a valid Villages Resident ID or a Guest ID; Maximum of 3.5 hours (including setup/cleanup); Limited to pre-set rooms (typically a Village Center card room) at designated centers.

***Game Room:** Maximum of 3.5 hours (including setup/cleanup) on Sundays 5 pm to 9:30 pm only; Maximum capacity and equipment varies by location.

Date: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Location: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Room Entry Time (includes setup): _____ Room Exit Time (includes cleanup): _____

Equipment Request (Additional cost may apply) :
 Projector Screen Easel TV/DVD Player Dedicated WiFi: _____

Hard Surface Floor (For Dancing): _____

Kitchen Needed (warming only): _____ Potluck: _____ Catered (Licensed & Insured): _____

If catered, name of Florida Licensed and Insured Caterer: _____

Alcohol Consumption: BYOB (Individual Personal Consumption, No Sharing) Bartender (Certified Server Documentation & Liability Insurance Required) No Alcohol

HOW TO SUBMIT THE FACILITY RESERVATION APPLICATION

Deliver in person to any Regional Recreation Center or Recreation Administration Office or
 Email to Room Reservations at RoomReservations@DistrictGov.org

The District reserves the right to cancel or alter facility / room use, and will notify the applicant of any changes. Every effort will be made to accommodate the affected individual or organization.

Date Received: _____
 Received By: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

Revised 12/26/2019, 09/08/2023, 1/28/25.