

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

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:

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

Dates Requested:

1st Choice: _____ 2nd Choice: _____ 3rd 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 or any Regional Recreation Complex

Fax: 352-674-1805 Email: 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 #: _____