

# 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 Fax: 352-674-1815  
Website: [www.DistrictGov.org](http://www.DistrictGov.org)

### Picnic Pavilion 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 3 business days for processing.*

FACILITIES ARE OPEN MONDAY THROUGH SUNDAY 7AM-DUSK

<b>Individual</b> <input type="checkbox"/>	<b>Resident Lifestyle Group</b> <input type="checkbox"/>
<b>Name:</b>	<b>Your Name:</b>
<b>Resident ID #:</b>	<b>Group Name:</b>

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Event Name: \_\_\_\_\_ Estimate # Attendees: \_\_\_\_\_

Will all attendees of this function be: Residents  Guests with valid Ids

Brief Description of Event: \_\_\_\_\_

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: \_\_\_\_\_

Would you like to reserve a rain room?: (circle one) Yes No

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

Will alcoholic beverages be served?: \_\_\_\_\_ If yes, BYOB  Florida Licensed Bartender

#### **HOW TO SUBMIT THE APPLICATION:**

**Deliver in person to the Regional Recreation Center**

**Applicants will be contacted within 3 days, after application has been reviewed. Applicants will receive a copy and will be required to sign a facility use permit. Small picnic pavilions at neighborhood recreation centers excluded.**

*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.*

*I hereby certify that the information above is accurate to the best of my ability.*

X \_\_\_\_\_ DATE: \_\_\_\_\_

For Official Use Only	
Date	_____
Received:	_____
Permit #:	_____