



## Fire Pit Guidelines

**Hours of Operation:** 7 a . m . – 10 p.m. daily

**Purpose:** To provide Villagers and their guests with another unique lifestyle opportunity. The fire pit adds ambiance to evenings, allowing for socialization and it's nice to sit, relax and enjoy the night atmosphere with family and friends.

**Operating Procedures** – The Recreation & Parks Department will oversee all operations, scheduling and use of the fire pits. Please see attached document for additional information.

**Only Authorized, Trained staff are allowed to operate the fire pit.**

**Process:**

- Any individual with a valid Villages ID or guest with a valid guest ID card may visit the fire pit.
- Clubs wishing to use the fire pit must submit a Facility Use Application during the month they are requesting to use the fire pit.
- All participants must sign a Recreation Activity Release
- Scheduling of the Fire Pit will be done on a month by month basis; applications will be accepted on the 1<sup>st</sup> of the month (if meeting in the 1<sup>st</sup> week you may submit an application 5 days in advance).
- Only one reservation will be allow each day.
- If the fire pit is not reserved use is on a first come, first served basis.
- No saving seats; additional personal seating is permitted.
- Booking of the fire pit will not exceed 3 hours.
- Must have facility use reserved in Active.net; provide requestor with contract

**Safety First:**

- BYOB applies; kegs are prohibited; no glass containers.
- Roasting or cooking of any kind without Recreation & Parks Department permission is prohibited.
- Don't wear flammable clothing (like nylon) or any loose fitting clothing.
- Make sure to keep children and pets at least 3 feet away from the fire.
- No burning of trash or other materials.

For further information contact Fenney (352) 674-8460, Riverbend (352) 674-8455,  
First Responders (352) 674-1870, Lake Okahumpka (352) 674-1887 Recreation Centers  
or Recreation Administration (352) 674-1800.

*The Recreation Department reserves the right to alter and/or modify these guidelines at any time to effectively manage facility operations and continue to provide enjoyment, excellent lifestyle programs*

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)

## Fire Pit 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.*

FACILITY IS OPEN 7AM – 10PM, DAILY

<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: \_\_\_\_\_

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

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

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

Fire Pit Requested (circle one)      Fenney      Riverbend      First Responders      Lake Okahumpka

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

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

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 Fenney, Riverbend, First Responders or Lake Okahumpka 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.**

*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.*

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

<b>For Official Use Only</b>
Date Received: _____
Permit #: _____