

The Villages®

Community Development Districts Recreation & Parks



3010 Saddlebrook Lane, The Villages, FL 32162
 Office Hours Monday through Friday 8am-5pm
 Contact: Danny Jacobs (352) 259-5377 Fax: 352-259-5378
 Email: Softball@Districtgov.org Website: www.DistrictGov.org

Softball Facility 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 submit 6-12 months prior for processing.***

FACILITIES ARE OPEN MONDAY THROUGH SUNDAY 7AM-DUSK

Applicant Name: _____

Name of Requesting Club, Organization, Etc.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____ Fax #: _____

Event Name: _____ Estimate # of Teams: _____

Requested Fields:

| Buffalo Glen #1 | Buffalo Glen #2 | Buffalo Glen #3 | Buffalo Glen #4 | Saddlebrook #1 | Saddlebrook #2 | Saddlebrook #3 | Saddlebrook #4 | Soaring Eagle #1 | Soaring Eagle #2 |
|--------------------|--------------------|--------------------|--------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | | | | | | | | | |

| Dates Requested: | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|
| Times: | | | | | | | | | | |

- Concession Stand?** Yes No *(Please Note: Requesting concession stand be open during time frame of event does not guarantee the request)*
- Is this a sponsored event?** Yes No **If Yes, Whom: _____*
Sponsor must be approved prior to tournament
- Is your organization tax exempt?** Yes No **If YES, please submit copy with application*

Copy of Liability Insurance must be provided (insured list: VCDD SLCDD The Villages of Lake Sumter and the Villages Holding Company) along with completed waivers in order to participate in activity.

******* Tournament Payment is due two (2) weeks prior to the scheduled event*******

HOW TO SUBMIT THE APPLICATION:

Fax, e-mail, mail or deliver in person to Saddlebrook Recreation Center
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.

Department Director
 Signature: _____ Date: _____

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|------------------------------|
| For Official Use Only |
| Date Received: _____ |
| Available? : Yes No |
| Permit #: _____ |