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: *(Room Entry)* Event Start Time: Event End Time: Cleanup Time: *(Exit Room)*

Requested Room Type? ☐ **Card Room** ☐ **Village Center Large Room** ☐ **Regional Center Small Banquet Room** ☐ **Regional Center Large Banquet Room** ☐ **Theatre**

Dance floor needed? **Additional A/V Equipment needed?** ☐ **Projector/Screen** ☐ **TV** ☐ **Dedicated WiFi**
(Additional costs may apply)

Will event be catered? If yes, by whom?

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*

Fax: 352-674-1815 **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 #:_____

Revised January 16, 2019