The Villages® Community Development Districts

RESIDENT LIFESTYLE GROUP CHANGE REQUEST FORM

984 Old Mill Run The Villages, FL 32162 Phone: 352-674-1800 Website: DistrictGov.org

Please allow 3 – 5 business days for processing. Incomplete forms may delay processing.

Club Name:				Current Pe	ermit #:
Current Leader Name:				Resident ID #:	
Email Address:				Phone # <u>:</u>	
New Group Leader:				Resident ID #:	
Email Address:				Phone <u>#:</u>	
2 nd Contact Person:				Resident ID #:	
Email Address:				Phone #:	
TYPE OF CHANGE	E REQUESTED:				
ADD (Max 4 per year) EXCHANGE			RELOCATE		
Preferred Date:		Preferred Location:			
Setup Time: Start Time:		End Time:	Cleanup Time:		
Reason for Change	or Description of I	Event:			
Fundraiser?	If yes, N	Name of Charity: _			(Must submit a Charitable Fundraising Event Form)
Estimated # of Atter	ndees:				
CHECK ALL that ap		nts Non-	Residents (with Guest IE	0) Non-Resic	lents (Ineligible for Guest ID)
Card Room			Combined Banquet Room	Oth Theatre (Stage)	ner:
Equipment Reques	t (*Additional cost ı	may apply) :			
Projector Screen Easel		TV/DVD Player *I		*Dedicated WiFi:	
Hard Surface Floo	r (For Dancing):				
Kitchen Needed (warming only): Potluc			Potluck:	Catered (Licensed & Insured):	
If catered, name o	f Florida Licensed	l and Insured Cat	erer:		
Alcohol Consumption:				(Certified Server Doci surance Required)	
The District reserves the right to cancel or alter facility any changes. Every effort will be made to accommode					Date Received:
APPLICANT SIGNATURE:			DA1	ſE:	
For complete Resident Lifestyle Guidelines go to DistrictGov.org					Return to Regional: RS-CS Approval: Revised 2/8/23; 9/8/23; 10/2/23