



RESIDENT LIFESTYLE GROUP CHANGE REQUEST FORM

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

Club Name: _____

Current Permit #: _____

Current Leader Name: _____

Resident ID #: _____

Email Address: _____

Phone #: _____

New Group Leader: _____

Resident ID #: _____

Email Address: _____

Phone #: _____

2nd Contact Person: _____

Resident ID #: _____

Email Address: _____

Phone #: _____

TYPE OF CHANGE REQUESTED:

☐

ADD (Max 4 per year)

EXCHANGE

☐

CANCEL

RELOCATE

Preferred Date:

Preferred Location:

Setup Time: _____ Start Time: _____ End Time: _____ Cleanup Time: _____

Reason for Change or Description of Event: _____

Fundraiser? _____ If yes, Name of Charity: _____ (Must submit a Charitable Fundraising Event Form)

Estimated # of Attendees: _____

CHECK ALL that apply: Residents Non-Residents (with Guest ID) Non-Residents (Ineligible for Guest ID)

FACILITY TYPE REQUESTED:

Card Room

Village Center
Large Room

Single Banquet
Room

Combined
Banquet Room

Theatre
(Stage)

Other: _____

Equipment Request (*Additional cost may apply) :

Projector

Screen

Easel

TV/DVD Player

*Dedicated WiFi: _____

Hard Surface Floor (For Dancing): _____

Kitchen Needed (warming only): _____

Potluck: _____

Catered (Licensed & Insured): _____

If catered, name of Florida Licensed and Insured Caterer: _____

**Alcohol
Consumption:**

BYOB (Individual Personal
Consumption, No Sharing)

Bartender (Certified Server Documentation &
Liability Insurance Required)

No Alcohol

The District reserves the right to cancel or alter facility / room use, and will notify the applicant of any changes. Every effort will be made to accommodate the affected individual or organization.

APPLICANT SIGNATURE: _____ **DATE:** _____

For complete Resident Lifestyle Guidelines go to DistrictGov.org

Date Received: _____

Received By RSR: _____

Return to Regional: _____

RS-CS Approval: _____

Revised 2/8/23; 9/8/23; 10/2/23; 1/28/25