The Villages®
Community Development Districts
Recreation & Parks

Phone: 352-674-1800
Website: DistrictGov.org

INDOOR FACILITY RESERVATION APPLICATION

Thank you for your interest in the use of our facilities for your event. This application will be viewed as a request and does not guarantee a facility reservation. In our efforts to meet your requirements, a recreation staff member will be in contact with you upon reviewing the application.
Please allow 5 – 10 business days for processing. Incomplete forms may delay processing time.

RECREATION FACILITIES ARE RESERVABLE – MONDAY-SUNDAY – 7 AM TO 10 PM (unless otherwise specified)
(Excluding Thanksgiving Day / Christmas Day / New Years Day)

NOT FOR RLVG REQUESTS

INDIVIDUAL REQUEST

Name: _____

Resident ID #: _____ (if applicable)

BUSINESS / GOVERNMENT / ETC. REQUEST

Entity Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Alternate Phone: _____

Email Address _____

Event Name / Description: _____

Estimated # Attendees: _____

Check ALL that apply: Residents ☐ Non-Residents (With Guest ID's) ☐ Non-Residents (Ineligible for Guest ID) ☐

FACILITY TYPE REQUEST (rental charges may apply)

ROOM TYPE: _____ GAME ROOM: _____

***Gratis Rooms**: Each resident is afforded four per calendar year. Everyone attending must have a valid Villages Resident ID or a Guest ID; Maximum of 3.5 hours (including setup/cleanup); Limited to pre-set rooms (typically a Village Center card room) at designated centers.

***Game Room**: Maximum of 3.5 hours (including setup/cleanup) on Sundays 5 pm to 9:30 pm only; Maximum capacity and equipment varies by location.

Date: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Location: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Room Entry Time (includes setup): _____ Room Exit Time (includes cleanup): _____

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

HOW TO SUBMIT THE FACILITY RESERVATION APPLICATION
Deliver in person to any Regional Recreation Center or Recreation Administration Office or
Email to Room Reservations at RoomReservations@DistrictGov.org

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: _____

Date Received: _____
Received By: _____

Revised 12/26/2019, 09/08/2023, 1/28/25.

For complete Facility Guidelines go to **DistrictGov.Org**