

**HIGHLAND COMMUNITY CENTER  
FACILITY USE APPLICATION  
CITY OF LAKE ALFRED, FLORIDA**

**I. FACILITY INFORMATION**

Date(s) Requested: \_\_\_\_\_

Time of Event: From: \_\_\_\_\_ To: \_\_\_\_\_  
**(FACILITY CLOSSES AT 10:00 P.M. INCLUDING CLEANING TIME!!!)**

Type of Event: \_\_\_\_\_

Approximate number of guests attending: Adults \_\_\_\_\_ Children \_\_\_\_\_

**II. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

I, \_\_\_\_\_ have received, read, and understand the City of Lake Alfred building regulations, refunds and rules policy. I realize that my event/program will be terminated should it create any violation of the City of Lake Alfred's rules and regulations. I also understand that the responsible party/organization will be denied future use of all city facilities as a result of a violation of city rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**III. DEPOSIT**

Security Deposit (\$200.00) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**IV. FEES**

Facility Rental for Residents (\$150.00) \$ \_\_\_\_\_

Facility Rental for Non-Residents (\$200.00) \$ \_\_\_\_\_

Meetings 2 hr. minimum @ \$25.00 per hour \$ \_\_\_\_\_

7% Sales Tax \$ \_\_\_\_\_

Police Officer (\$44/hr) \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO THE CITY OF LAKE ALFRED**  
*(Cash if less than two weeks from the needed date)*

*For Office Use Only*

Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Key Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials \_\_\_\_\_

Key Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials \_\_\_\_\_

**BUILDING INSPECTED BY:**

\_\_\_\_\_ Date/Time: \_\_\_\_\_