

Mackay Gardens and Lakeside Preserve Rental Rates



Weekday (Monday – Thursday)	\$500.00 plus tax
Weekend (Friday-Sunday)	\$800.00 plus tax (Oct - June)
Weekend (Friday – Sunday)	\$600.00 plus tax (July - Sept.)
Pavilion	\$50.00 plus tax

***** There is a \$500.00 refundable security deposit required. *****

Additional Fees:

✓ Needing house day prior to event	\$300.00
✓ Needing 3 hours day before event for rehearsal	\$100.00
✓ Needing 2 hours next day clean up (must be out by 10:00 am)	\$50.00
✓ Rental of tables & chairs (100 chairs & 20 tables)	\$200.00
✓ MANDATORY: A Uniformed Police Officer (If alcoholic beverages are to be present at the event.)	\$44.00/hr

CONTACT: PARKS & RECREATION: OFFICE PHONE: 863-291-5272

EMAIL: parks@mylakealfred.com

**MACKAY GARDENS AND LAKESIDE PRESERVE
FACILITY USE APPLICATION
CITY OF LAKE ALFRED, FLORIDA**

I. FACILITY INFORMATION

Date(s) Requested: _____

Type of Event: _____

Time of Event: From: _____ To: _____ **(EVENT MUST END NO LATER THAN 11:00 P.M.)**

Ceremony: _____ Reception: _____ Tent Rented? _____

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 understand that if I should need the next morning to finish cleaning up the facility that I have already made arrangements with the Parks and Recreation office and will be completed off the premises before 10:00 a.m. 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

**Initial Acknowledging Change
from Original Agreement**

Security Deposit (\$500.00)	\$ _____	_____
Total Received	\$ _____	_____

IV. FEES

Facility Rental	\$ _____	_____
Table & Chairs Rental (\$200.00)	\$ _____	_____
3 hr window for rehearsal & décor (\$100.00)	\$ _____	_____
2 hr window for next day clean-up (\$50.00)	\$ _____	_____
Meetings 2 hr. minimum @ \$50.00 per hour	\$ _____	_____
7% Sales Tax	\$ _____	_____
Police Officer (1-\$44/hr.)	\$ _____	_____
Total Amount Due	\$ _____	_____

MAKE CHECKS PAYABLE TO THE CITY OF LAKE ALFRED

For Office Use Only

Date Paid: _____ Receipt No. _____

Key Pickup Date: _____ Time: _____ Initials _____

Key Return Date: _____ Time: _____ Initials _____

BUILDING INSPECTED BY:

Date/Time: _____

PLEASE SET THE THERMOSTAT FOR THE A/C TO 74° BEFORE LEAVING PREMISES. IF NOT SET AT THE REQUESTED TEMPERATURE YOU WILL FORFEIT YOUR DEPOSIT.