

**LAKE COUNTY WATER AUTHORITY
HICKORY POINT RECREATIONAL FACILITY
APPLICATION FOR PAVILION USE**

Lake County Water Authority, 27351 SR 19, Tavares, FL 32778
Telephone No.: (352) 324-6141 FAX No.: (352) 324-6364 Website: lcwa.org
Office Hours: 8:30 a.m. - 5:00 p.m., Monday - Friday

1. Complete and return this form to the above address. (**Faxes are not accepted**).
2. **Your reservation cannot be confirmed until the pavilion fee is paid and your application is approved by the Authority.** Make money order or check made payable to the Lake County Water Authority (see attached fee schedule). *We do not accept credit or debit cards.*
3. A refundable cleaning deposit equal to the reservation fee is **required at least two (2) weeks prior to the event**, and **must be paid separately from other fees.** **Cash deposits will be returned within 3-4 weeks.**
4. **NO SMOKING** in pavilion or under any roofed structure.

DATE OF FUNCTION: _____

PERSON RESPONSIBLE FOR EVENT: _____

Company Name (if applicable) _____

Mailing Address _____ City, State Zip _____

Phone (Home #) _____ (Cell #) _____ (e-mail) _____

PURPOSE OF EVENT (This information will appear on the reservation sign):

RESERVATION TIME BLOCK: (please check one box)

9:00 a.m. - 2:00 p.m. 3:00 p.m. - 8:00 p.m. 9:00 a.m. - 8:00 p.m.

You cannot set-up until your reservation time block begins. *Please indicate your approximate arrival time.* _____

You must vacate the reserved area no later than the end time. *Please indicate your approximate departure time.* _____

PAVILION SECTION REQUEST: (see attached diagram and check one box below)

Due to Fire Code, the total number of guests anticipated must not exceed the capacity for the area reserved.

½ First Floor: A B (50 capacity) Entire First Floor (100 capacity)

½ Second Floor: A B (87 capacity) Entire Second Floor (175 capacity)

Entire Pavilion: (275 capacity)

Estimated Number of Adults _____ Estimated Number of Guests Under the Age of 18 _____

ALCOHOLIC BEVERAGES:

The applicant **must** meet the following criteria in order for beer or wine to be served.

1. Will beer or wine be consumed? NO YES If YES, indicate Start Time: _____ End Time: _____
2. Certificate of Insurance must be provided indicating *host* liquor liability.
3. The Lake County Water Authority must be named as an additional insured.
4. An off-duty Lake County Sheriff's deputy or deputies (2) must be present at the group's expense. There is a 4-hour minimum charge.

DECORATIONS

Will a sign or decorations be displayed? YES NO A reservation sign will be provided by the LCWA.

SPECIAL REQUESTS

Are you planning to have any of the following at your event? **A detailed list of equipment must be provided and pre-approved or will not be allowed.** A live band and/or DJ will only be permitted if renting the entire 2nd floor. Music must be kept at a low level so that other visitors will not be disturbed.

- Radio Live Band DJ Bounce House Kid Rides (Train, etc.) Rock Wall
- Caterer Cooker Grill (Provided by the Lake County Water Authority None

Rental Boat – Name of Dealer _____

Other, If other, please explain _____

Do you have any special requests? Please explain:

If hiring a vendor or using rental equipment, a Certificate of Liability insurance from both the renter and the vendor providing the service must be provided 14 days prior to your event.

***If renting the first floor,** please be aware picnic tables cannot be moved.

***If renting the second floor,** and wish special table arrangements, submit your table layout no later than 3 days prior to the event. Charcoal grills are available at no cost on request.

Swimming Beach - Lake Harris does not meet the water clarity standard required by Chapter 64E – 9.013, Florida Administrative Code. This swimming beach has been issued a variance by the Florida Department of Health to remain open. The limited water clarity may present a hazard or danger to swimmers. Swimming is at your own risk.

The applicant agrees to defend, indemnify and hold harmless the LCWA and their agents, assigns, directors and employees from the against any and all claims, liabilities, losses and damages of any kind associated with or arising from the use of the Pavilion under this reservation.

I have read the abbreviated Hickory Point Rules and Regulations and understand the Park's refund policy. I hereby acknowledge sole responsibility for any damages and all accidents or injuries to persons or property resulting from this group's use of the facility.

Signature of Person Responsible for Group

Date