

Community Building Room

Rental Information Form

Please complete the following information.

Contact Information

Contact Name: _____ Organization/Event Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____ Number of Guests? _____

Date(s) requesting (1st Choice, 2nd Choice, ect...) _____

Time requesting _____

Which Room are you interested in using?

- Cedarholm Community Room
- Green View Room (South)
- Golf View Room (North)

Are you considering any of the following options?

- Food Catering (Tio's Catering Required)
- Alcohol Catering
- Technology Equipment
- Dance Floor

Is there any other information you would like us to know about this event?

How would you prefer to be contacted?

*You will be contacted within Three business days regarding your request.
Please note, this form is a request for information and is NOT a reservation.
For more information, contact cedarholm@cityofroseville.com*

*or save form and send to
cedarholm@cityofroseville.com*

Cedarholm Office Use Only		Manager Signature: _____ Date Accepted: _____
Rental Room: _____ Ren. Fee: \$ _____ Due: _____	Security Dep. Received: \$ _____	
Date of Event: _____ Time: _____ Permit #: _____	Security Dep. Return By: _____	
Food Caterer: _____	Dance Floor Notes	Security Dep. Returned (10 days): \$ _____ Ret. Date: _____
Licensed: _____ Date Due: _____	_____	Notes: _____
Liquor Caterer: _____	Audio/Visual Notes	Setup Notes: _____
Licensed: _____ Due Date: _____	_____	_____