

# 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
- Bringing in Food/Partial Food Fee
- 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 Steve at [steve.anderson@cityofroseville.com](mailto:steve.anderson@cityofroseville.com) or 651-792-7154.*

*or save form and send to  
[steve.anderson@cityofroseville.com](mailto:steve.anderson@cityofroseville.com)*

<b>Cedarholm Office Use Only</b>		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: _____	_____	_____