



Wedding Date _____

Time _____

Contact Information

Bride's Name _____

Groom's Name _____

Address _____

City _____

State _____

Zip/Postal Code _____

Phone _____

Email Address _____

How did you hear about Rosewood?

Empty text box for hearing about Rosewood.

You are responsible for any damages, supervision of unattended children and unnecessary clean-up. It is important that you and your guests treat facility, its contents and the landscaping with respect. Children must be supervised at all times.

If you cancel your event of your date, your deposit will only be refunded if we are able to re-book that date for the same type of event less a \$200 service fee. Please contact me as soon as possible to give me the opportunity to rebook the date.

Cancellations must be in writing. If you don't cancel then you are under contract to pay the full amount.

I acknowledge receipt of the Policy Book of Rosewood Reception Center & Gathering Place and agree to its regulations.

Signature _____

Date _____

Wedding Rates

Weekend Rate- \$1600 _____

Mon - Thurs- \$1200 _____

Subtotal _____

State Tax _____ State Tax _____

Alcohol Served- \$300 _____

Grand Total _____

Payment

Amount _____ Date _____

Cash Check Credit Card

Amount _____ Date _____

Cash Check Credit Card

Amount _____ Date _____

Cash Check Credit Card

Amount _____ Date _____

Cash Check Credit Card

Amount _____ Date _____

Cash Check Credit Card