

EVENT WORKSHEET
ROSE MONT

PLEASE COMPLETE THIS SHEET AND RETURN AT LEAST 30 DAYS PRIOR TO YOUR EVENT

DATE OF EVENT: _____

NAME OF GROUP: _____

RESPONSIBLE PERSON: _____

(This person needs to understand that they will be responsible for handling problems, if any, and that they will need to stay until the end of the event to walk through Rose Mont with a delegated person.)

NUMBER OF EXPECTED GUESTS: _____

OTHER PERSONS INVOLVED IN YOUR EVENT:

CATERER: _____ PHONE: _____

FLORIST: _____ PHONE: _____

OTHER: _____ PHONE: _____

DESCRIBE YOUR PLANS. (PLEASE USE THE BACK OF SHEET IF NECESSARY)

WILL FOOD BE SERVED? _____ WILL ALCOHOL BE SERVED? _____
(PLEASE REVIEW OUR ALCOHOLIC BEVERAGE POLICY)

DESCRIBE YOUR PLANS FOR MUSIC: _____

DO YOU PLAN TO USE CANDLES? _____ (PLEASE REVIEW OUR GUIDELINES)

WILL ANY DELIVERIES BE MADE? (tables, chairs, tents, etc.) _____

EVENT TIMETABLE:

Arrival of caterer, etc.: _____

Arrival of guests: _____

Food service begins: _____

Departure of guests: _____

Departure of clean up personnel: _____

PLEASE GIVE US ANY OTHER INFORMATION YOU FEEL WILL HELP US SERVE YOU BETTER DURING YOUR EVENT ON THE BACK OF THIS SHEET.

PLEASE RETURN NO LATER THAN _____.

PLEASE RETURN ALL CORRESPONDENCE TO: