

# Holman Ranch

EST  
1928



## GUEST ROOM INFO SHEET

Holman Ranch Management kindly requests that all room assignments and financial responsibility forms be faxed or emailed to us along with the event information sheet no later than **30 days prior** to the event.

**Pets** are allowed on property with written approval from Holman Ranch for a non-refundable \$150 cleaning fee. All pets must be leashed and supervised at all times.

Thank you in advance for your cooperation.

## ROOM ASSIGNMENTS

### ROOM 1

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ROOM 2

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ROOM 3

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ROOM 4

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## GUEST ROOM INFO SHEET

### ROOM ASSIGNMENTS

#### ROOM 5

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ROOM 7

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ROOM 9

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ROOM 6

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ROOM 8

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ROOM 10

Name 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## GUEST ROOM INFO SHEET

Responsible Parties may fill out the Credit Card Authorization Form found on the Event Kit on our website and submit to Holman Ranch for Payment.

The Client Named Below is solely responsible for the return of all Guest Room keys. If all keys are not returned upon checkout, a fee of \$300 per missing key will be assessed.

Client Name: \_\_\_\_\_ Client Initials: \_\_\_\_\_

### FINANCIAL BREAKDOWN

|         | Responsible Party | Amount to be Paid<br>by Responsible Party | Amount to be Paid<br>by Client |
|---------|-------------------|---|--------------------------------|
| ROOM 1  | _____             | \$_____                                   | \$_____                        |
| ROOM 2  | _____             | \$_____                                   | \$_____                        |
| ROOM 3  | _____             | \$_____                                   | \$_____                        |
| ROOM 4  | _____             | \$_____                                   | \$_____                        |
| ROOM 5  | _____             | \$_____                                   | \$_____                        |
| ROOM 6  | _____             | \$_____                                   | \$_____                        |
| ROOM 7  | _____             | \$_____                                   | \$_____                        |
| ROOM 8  | _____             | \$_____                                   | \$_____                        |
| ROOM 9  | _____             | \$_____                                   | \$_____                        |
| ROOM 10 | _____             | \$_____                                   | \$_____                        |

Updated 06.21.16