Riverfront Park Reservation Form

Please verify requested reservation is available before submitting

Applicant Information:

Name:_____
Phone No:_____
Address:_____
City:_____
Zip:_____
Email:_____
Date of Birth:_____

Pavilion #1	____
Pavilion #2	____
Pavilion #3	____
Gazebo	____
Ampitheater	____
Whole Park	____

Additional Contacts:
Name:_____
Phone No:_____
Name:_____
Phone No:_____

ORGANIZATION INFORMATION (if applicable)
Organization Name:_____
Organization Address:_____

EVENT/MEETING DETAILS:
Date(s):_____
Brief Event Description:
_____
_____
_____
_____
_____
_____

Total time requested:_____
Start Time:_____
End Time:_____
Expected Attendance:_____

***The City of Brandenburg reserves the right to cancel reservations if such cancellation is deemed to be in the best interest of the city due to weather-related events, natural disasters, epidemic, pandemic, riot, civil disobedience, or other event outside of the City's reasonable control.**

City Events Coordinator:_____ **Date:**_____

Chief of Police:_____ **Date:**_____

Mayor:_____ **Date:**_____

Public Works Director:_____ **Date:**_____

Office use only:

Notes:_____
_____
_____