



## **Brandenburg Park MAIL-IN Facility Rental Form**

**2024 Park Season: May 25-September 2**

Contact Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organization, if Applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUESTED Rental Day & Date:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_ **Number of Guests:** \_\_\_\_\_

**CHECK-IN TIME:** \_\_\_\_\_ **CHECK-OUT TIME:** \_\_\_\_\_ **(RENTALS ARE AVAILABLE BETWEEN THE HOURS OF 9AM-8PM)**

Facility	Rental Fee		Security Deposit	Amount Due to Reserve	Enclosed in Request
Building (75-person cpty.)	\$200	+	\$200	\$400	_____
Pavilion A (8 Tables)	\$150	+	\$100	\$250	_____
Pavilion B (8 Tables)	\$150	+	\$100	\$250	_____
Pavilion C (6 Tables)	\$150	+	\$100	\$250	_____
Pavilion D (8 Tables)	\$150	+	\$100	\$250	_____
Additional Picnic Tables	\$10 per table			\$10 per additional table	_____
				<b>TOTAL: \$</b>	<b>_____</b>

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Rental Fee Acct. # **545-000-653**  
Security Deposit Acct. # **701-000-285**  
Extra Tables Acct. # **545-000-642**

**TOTAL DUE:** \_\_\_\_\_ **CASH:** \_\_\_\_\_ **CHECK:** \_\_\_\_\_ **CREDIT:** \_\_\_\_\_

**PARKS AND RECREATION STAFF APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Chesterfield Parks and Recreation, 47275 Sugarbush, Chesterfield, MI 48047  
Office Hours: Monday-Friday, 8:00AM-4:30PM Phone: (586) 949-0400 option 4