

Building Utilization Request



Pioneer Career and Technology Center
ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Part I - To be completed by organization requesting building utilization

Date(s) <u>10/28/2021</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Wednesday Thursday</u>				May 20, 2021
Event Time(s)		7:00	10:00	Room(s) / Area Requested:
Name of Organization and Event Being Held Jostens Senior Meeting (Grad. Announcements)		Number of Persons Attending Meeting Senior Class 500		Arena
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jim Conrad		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks Chalkboard _____ Video Camera _____ Breakfast <input checked="" type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon Coat Racks _____ Internet Access _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Jim will be doing a PowerPoint - screens down; 2 sections of chairs with center aisle. Mtg. begins approx. 8:30 am after Senior Panoramic Picture</u>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

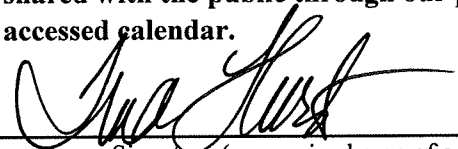
Estimate Calculation of Fees: Attach any pertinent papers.		
Rental	_____	
Custodial Services	_____	
Food Services	_____	
Other	_____	
Total Fee Estimate _____		
Note: Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: Pioneer CTC		
Action Taken	Date	By
Approved and Booked	<u>6/14/2021</u>	<u>WJB</u>
Billed for Services		
Referred to Board		

Responsibility Notice

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of \$ _____ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

Any and all information on this form may be shared with the public through our publicly accessed calendar.



 Signature (person in charge of activity)

Date: _____

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

Thank you for selecting Pioneer for your event!