

KM

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) 30-Jan-18	Setup Time	Tear Down Time	Date Request Submitted August 9, 2017
Activity: Day(s) Tuesday			Room(s) / Area Requested: Cafeteria Room W126, W132 & W134
Event Time(s) 4:00 pm to 7:00 pm	Name of Organization and Event Being Held Pioneer FCCLA Student Organization/ODE		Number of Persons Attending Meeting 75
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Matt Parr		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: 419 566-6071		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Other/Specify: _____	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	_____	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____	
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____	
<input type="checkbox"/> Drinks		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input type="checkbox"/> Snacks			
<input type="checkbox"/> Breakfast			
<input type="checkbox"/> Luncheon			
<input type="checkbox"/> Dinner			
For specific room setup, see attached design: (check one)			
<input type="checkbox"/> Yes or <input type="checkbox"/> No			

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	<i>8/11/2017</i>	<i>VJB</i>
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!

Revised 07/15