

# 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) <b>1/29/20-1/30/20</b>		Setup Time	Tear Down Time	Date Request Submitted <b>October 8, 2019</b>																		
Activity: Day(s) <b>WED, THURS</b>				Room(s) / Area Requested: <b>Community Room</b>																		
Event Time(s) <b>All Day</b>																						
Name of Organization and Event Being Held <b>Sophomore Visitation - Performing Arts</b>		Number of Persons Attending Meeting																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <b>Christina Niese</b>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: <b>ext 42250</b> Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><b>50</b> Chairs</td> <td><b>X</b> Microphone</td> <td>Drinks</td> </tr> <tr> <td><b>3</b> Tables</td> <td><b>X</b> Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td>Internet Access</td> <td>Dinner</td> </tr> </table>		Room Setup	Electronic	<u>Café</u> OR <u>Culinary Arts</u>	<b>50</b> Chairs	<b>X</b> Microphone	Drinks	<b>3</b> Tables	<b>X</b> Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	Lectern	Video Recorder	Luncheon	Coat Racks	Internet Access	Dinner	If specific hookup/utility needs are required see attached: (check one) <b>Yes</b> or <b>No</b> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
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For specific room setup, see attached design: (check one) <b>X Yes</b> or <b>No</b>		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 .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	10/9/19	MB
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

## Community Room Set Up for Sophomore Visits 1/29/20 – 1/30/20

Please place chairs in a semi-circle with an opening at the east end of the room.

Please place tables in the back (west behind semi-circle) with several chairs at each table.