

# Building Utilization Request



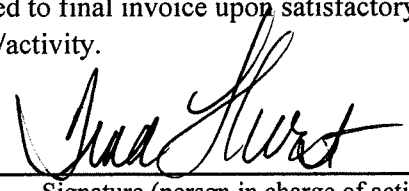
## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

### Part I - To be completed by organization requesting building utilization

Date(s) <u>10/06-10/07/2020</u> <u>10/29-11/30</u>		Setup Time <b>7:00</b>	Tear Down Time <b>2:35</b>	Date Request Submitted <b>June 10, 2020</b>
Activity: Day(s) <u>Tues. &amp; Weds. Th &amp; F</u>				Room(s) / Area Requested: <b>Program Labs/Adm. Conf. Room</b>
Event Time(s) <b>7:30-2:30</b>				
Name of Organization <b>Lab Picture Days</b>		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Tina Hurst, ext. 42200</u>		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>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Chairs	Microphone	Estimated time of arrival at Pioneer for setup/delivery: _____		
Tables	Ovrhd. Proj.	Other/Specify: <u>Photo staff will use the Admin. Conf. Room as their "home base" while taking pics of labs</u>		
Chalkboard	Video Camera	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
Lectern	Video Recorder			
Coat Racks	Internet Access			
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>x</u> <b>No</b>				

### 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>Responsibility Notice</b>  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.   Signature (person in charge of activity)  Date: <u>6/10/20</u> <u>Updated 8/31/20</u> <b>Thank you for selecting Pioneer for your event!</b>
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	<u>9/1/2020</u>	<u>WJR</u>	
Billed for Services			
Referred to Board			

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.