

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) 10/15 & 10/20 & 10/22 | | Setup Time | Tear Down Time | Date Request Submitted October 5, 2020 |
| Activity: Day(s) Mon/Tues/Thurs | | | | Room(s) / Area Requested: DLTC |
| Event Time(s) 8 am - 2:45 pm | | | | |
| Name of Organization and Event Being Held Student Services Accuplacer testing labs & Statistics | | Number of Persons Attending Meeting 35 | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Crystal Escalera | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: 419 347-7744 Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner | | If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ | | |
| For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | | 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 | 10/5/2020 | MYB |
| 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: 10/5/2020

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