

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>2-16-2021</u>	Setup Time <u>8</u>	Tear Down Time <u>930</u>	Date Request Submitted <u>2-5-2021</u>
Activity: Day(s) <u>Tues</u>			
Event Time(s) <u>830-930</u>			

Name of Organization and Event Being Held <u>Shelby ACT reg.</u>	Number of Persons Attending Meeting <u>600</u>	Room(s) / Area Requested: <u>DLTC</u>
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Address _____

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____

Contact Person: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Business Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

PCTC Requested Services: (Identify No. Needed)

<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" 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

For specific room setup, see attached design: (check one)
☐ Yes or ☐ No

If specific hookup/utility needs are required see attached: (check one) ☐ Yes or ☐ No

Estimated time of arrival at Pioneer for setup/delivery: _____

Other/Specify: _____

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>2/5/2021</u>	<u>WLB</u>
Referred for Services		
Referred to Board		

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

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]
Signature (person in charge of activity)

Date: _____

Thank you for selecting Pioneer for your event!