

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>3-2-2021</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>Wynford ACT reg.</u>	Number of Persons Attending Meeting <u>41</u>	Room(s) / Area Requested: <u>DLTC</u>
--	--	--

Address _____

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

Contact Person: Shannon Sprang

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

Business Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

PCTC Requested Services: (Identify No. Needed)

<u>X</u> Room Setup	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>
<u>X</u> Chairs	<u>Microphone</u>	<u>Drinks</u>
<u>X</u> Tables	<u>Ovrhd. Proj.</u>	<u>Snacks</u>
<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>
<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>
<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>

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: _____

For specific room setup, see attached design: (check one) Yes or 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	<u>2/5/2021</u>	<u>MSB</u>
Called 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]
Signature (person in charge of activity)

Date: _____

Thank you for selecting Pioneer for your event!

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