

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

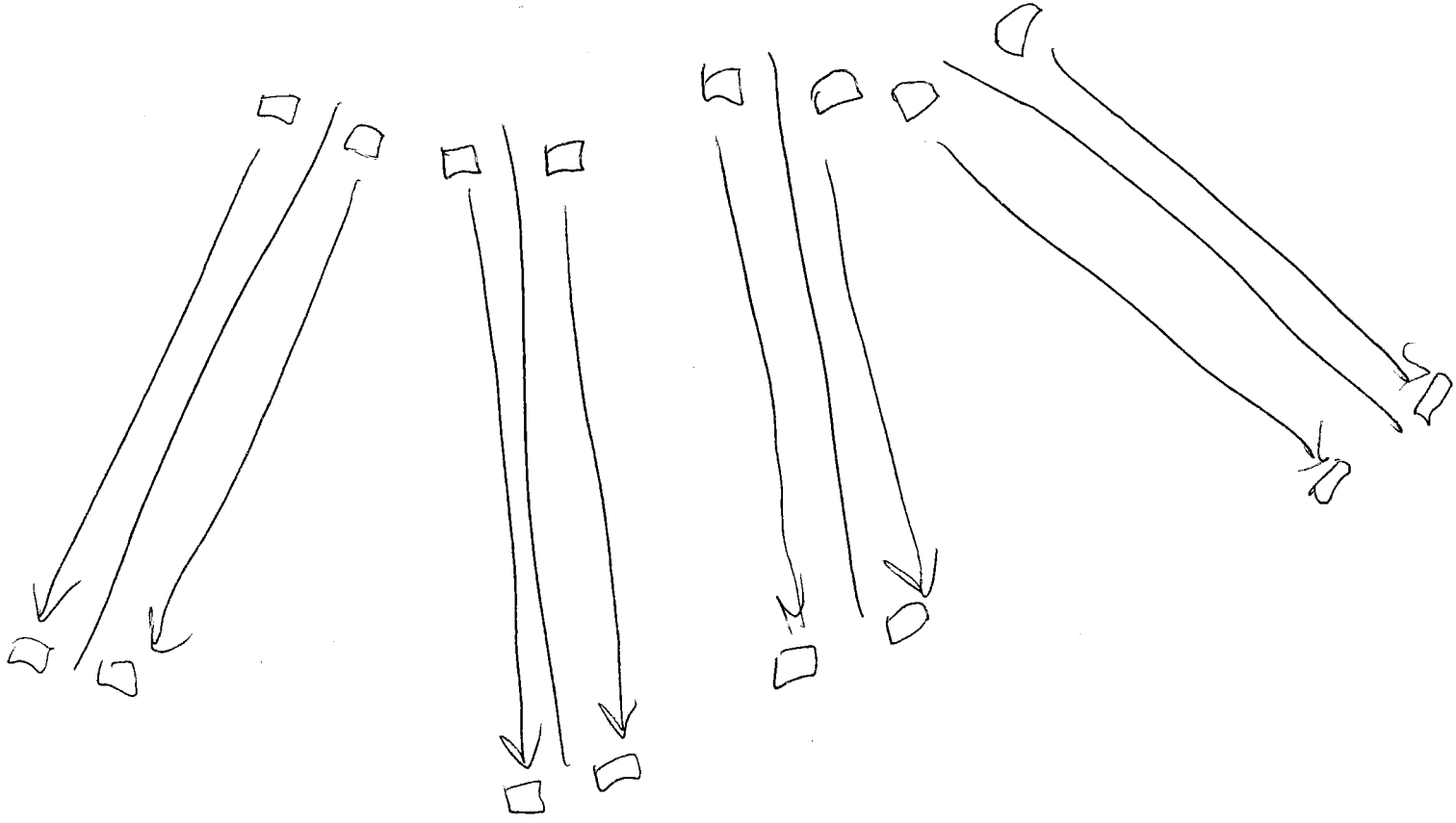
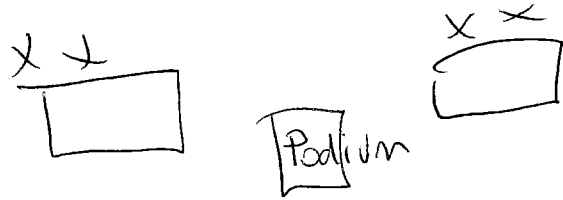
Date(s) 2-May-16 Activity: Day(s) Monday Time(s) 11 am - 1 pm	Date Request Submitted November 2, 2015																		
Name of Organization Business & Industry Day / Shelby Rotary	Number of Persons Attending Meeting 80-100																		
Address _____ _____ _____	Room(s) / Area Requested: Arena																		
Contact Person: Becki Kimmel Phone Numbers: Home: _____ Work: ext. 42101 Cell: _____	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____ Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																		
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Room Setup</td> <td style="border-bottom: 1px solid black;">Electronic</td> <td style="border-bottom: 1px solid black;">Café/Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>____ Ovrhd. Proj.</td> <td>____ Snacks</td> </tr> <tr> <td>____ Chalkboard</td> <td>____ Video Camera</td> <td><input checked="" type="checkbox"/> Luncheon</td> </tr> <tr> <td>____ Lectern</td> <td>____ Video Recorder</td> <td>____ Dinner</td> </tr> <tr> <td>____ Coat Racks</td> <td>____ Internet Access</td> <td></td> </tr> </table> For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	Room Setup	Electronic	Café/Culinary Arts	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables	____ Ovrhd. Proj.	____ Snacks	____ Chalkboard	____ Video Camera	<input checked="" type="checkbox"/> Luncheon	____ Lectern	____ Video Recorder	____ Dinner	____ Coat Racks	____ Internet Access		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: _____ _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: November 2, 2015
Room Setup	Electronic	Café/Culinary Arts																	
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____ Coat Racks	____ Internet Access																		

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	11/2/15	
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.
_____ Signature (person in charge of activity)
Date: November 2, 2015

Thank you for selecting Pioneer for your event!



□ = chairs on Both sides of tables