

Building Utilization Request



Pioneer Career and Technology Center

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

VM

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

Date(s) May 19, 2016 Activity: Day(s) Thursday Event Time(s) 8:10-9:05	Setup Time	Tear Down Time	Date Request Submitted March 1, 2016 Room(s) / Area Requested: All of Cafeteria																		
Name of Organization and Event Being Held Pioneer Career Development	Number of Persons Attending Meeting 75																				
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Jim Sorenson Phone Numbers: Home: _____ Work: 42922 Cell: _____	Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																				
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>Room Setup</u></td> <td style="width:33%;"><u>Electronic</u></td> <td style="width:33%;"><input checked="" type="checkbox"/> <u>Café</u> OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input type="checkbox"/> <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input checked="" type="checkbox"/> Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<u>Room Setup</u>	<u>Electronic</u>	<input checked="" type="checkbox"/> <u>Café</u> OR	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" type="checkbox"/> Breakfast	<input checked="" 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: _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<u>Room Setup</u>	<u>Electronic</u>	<input checked="" type="checkbox"/> <u>Café</u> OR																			
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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	3/1/2016	<i>WLB</i>
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: _____