

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) 3/27 evening 3/28/19 & 3/29/19 | | Setup Time | Tear Down Time | Date Request Submitted March 19, 2019 |
| Activity: Day(s) Wednesday, Thursday, Friday | | | | |
| Event Time(s) all day | | | | Room(s) / Area Requested: Community Room |
| Name of Organization and Event Being Held Pioneer 50th Celebration Museum | | Number of Persons Attending Meeting | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Mary Lee Barr | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: _____ Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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 | | 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: set-up on Wednesday and Thursday event on Friday | | |
| 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 | 3/19/2019 | MLB |
| 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)
Mary Lee Barr

Date: **3/19/2019**

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!