

Building Utilization Request



Pioneer Career and Technology Center

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

Tuesday, March 10, 2020

Tina

Part I - To be completed by organization requesting building utilization

Date(s) <u>Friday March 6, 2020</u>		Setup Time	Tear Down Time	Date Request Submitted <u>May 29, 2019</u>
Activity: Day(s) <u>Friday March 6, 2020</u>				Room(s) / Area Requested: <u>Community Room</u> <u>Set up day before</u>
Event Time(s) <u>8:00 to 11:00</u>		Name of Organization and Event Being Held <u>Winter 2020 Counselors Meeting</u> <u>Spring</u>		Number of Persons Attending Meeting <u>25</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Laurie Easler</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>X</u> Café OR _____		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>x</u> Chairs _____ Microphone _____ Drinks _____		Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>x</u> Tables _____ Ovrhd. Proj. _____ Snacks _____		Other/Specify: _____		
____ Chalkboard _____ Video Camera _____ Breakfast _____		_____		
____ Lectern _____ Video Recorder _____ Luncheon _____		_____		
____ Coat Racks _____ Internet Access _____ Dinner _____		_____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

Responsibility Notice

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>5/30/2019</u>	<u>WYE</u>
Billed for Services		
Referred to Board		

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.

Laurie Easler
Signature (person in charge of activity)

Date: _____

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!

Revised 07/15