

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) 12/18/2019		Setup Time 4:30 p.m.	Tear Down Time 7:30 p.m.	Date Request Submitted October 15, 2019
Activity: Day(s) Wednesday				Room(s) / Area Requested: Arena
Event Time(s) 5:30 PM				
Name of Organization Adult Education Graduation Ceremony		Number of Persons Attending Meeting 150		
Address PCTC		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Crystal Escalera		Business Name: _____		
Phone Numbers: Home: 567 224-0700		Contact Person: _____		
Work: 419 347-7744 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>		
## Chairs 1	Microphone _____	Drinks _____		
4 Tables _____	Ovrhd. Proj. _____	Snacks _____		
Chalkboard _____	Video Camera _____	Luncheon _____		
1 Lectern _____	Video Recorder _____	Dinner _____		
2 Coat Racks 1	Internet Access _____			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X</u> No		
<u>X</u> Yes or <u>X</u> 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: _____		

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			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: <u>Crystal Escalera</u> 10-15-19
Action Taken	Date	By	
Approved and Booked	10/16/2019	[Signature]	
Billed for Services			
Referred to Board			

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 maintenance of the building utilization areas of the school.