

Building Utilization Request

NOV 6th 7



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) <u>November 4-8, 2019</u>		Setup Time	Tear Down Time	Date Request Submitted October 31, 2019																		
Activity: Day(s) <u>Wed & Thurs</u>				Room(s) / Area Requested: Community Room (C109)																		
Event Time(s) 4b; 1101-1138																						
Name of Organization and Event Being Held Hager- Mock Trial Class (Practice)		Number of Persons Attending Meeting 22																				
Address PCTC		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <u>Robin Hager</u>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: <u>X42841</u> Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>4 Tables</u></td> <td><u>X Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>3 Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>	<u>4 Tables</u>	<u>X Ovrhd. Proj.</u>	<u>Snacks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>	<u>3 Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: PLEASE make note that if anyone needs room, they can have it (just let me know and we will hold class in my room).		
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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>GW</u>	<u>11/1/19</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.

Robin Hager (emailed)
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!