

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) 11/26/2019		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday Thursday				November 13, 2019
Event Time(s) 10:15:00 - 12:35 PM		9:30 AM	1:00 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Thanksgiving Luncheon		Number of Persons Attending Meeting All students		Cafeteria
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Vickie Hunt		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42921 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u> <input checked="" type="checkbox"/> <u>Chairs</u> <input type="checkbox"/> <u>Microphone</u> <input type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Snacks</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Video Recorder</u> <input checked="" type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Coat Racks</u> <input type="checkbox"/> <u>Internet Access</u> <input type="checkbox"/> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" 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: _____		

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	11/19/2019	WFB
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: 11/13/19

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!