

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) 12/19/2019	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday			Dec 17 2019
Event Time(s) 9am- 8 pm (6-7pm)	9:00 AM	7:30 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held ECE - Preschool Christmas Program and Practice	Number of Persons Attending Meeting 200	Arena Teachers lounge east for Santa Thurs 5:15 pm	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Danielle Ash		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: ext 42600 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<p>Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u></p> <p><input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks</p> <p><input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks</p> <p>_____ Chalkboard _____ Video Camera _____ Breakfast</p> <p>_____ Lectern _____ Video Recorder _____ Luncheon</p> <p><input checked="" type="checkbox"/> Coat Racks _____ Internet Access _____ Dinner</p>		<p>If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u></p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p>	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes 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

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	12/17/2019	WLB
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: _____

use these funds for the direct use, improvement, and maintenance of the building utilization areas of the

Thank you for selecting Pioneer for your event!