

Building Utilization Request



Pioneer Career and Technology Center

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

Scheduled online 1/9/20 *JH*

Part I - To be completed by organization requesting building utilization

Date(s) <u>2-18-2020</u>	Setup Time	Tear Down Time	Date Request Submitted																
Activity: Day(s) <u>Tues</u>	<u>800</u>	<u>1030</u>	<u>1-9-2020</u>																
Event Time(s) <u>830-10</u>			Room(s) / Area Requested:																
Name of Organization and Event Being Held		Number of Persons Attending Meeting																	
<u>ACT registration</u>		<u>20</u>	<u>E-116</u>																
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																	
<u>Crestline</u>																			
Contact Person: _____		Business Name: _____																	
Phone Numbers: Home: _____		Contact Person: _____																	
Work: _____ Cell: _____		Phone Number: _____																	
Address: _____																			
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>																	
<table border="0"> <tr> <td><u>Café</u> OR</td> <td></td> </tr> <tr> <td><u>Room Setup</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dinner</td> </tr> </table>		<u>Café</u> OR		<u>Room Setup</u>	<u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access		<input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>Café</u> OR																			
<u>Room Setup</u>	<u>Culinary Arts</u>																		
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For specific room setup, see attached design: (check one)		Other/Specify: _____																	
<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

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>1/10/2020</u>	<u>JH</u>
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]
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

Thank you for selecting Pioneer for your event!