

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) <u>2/14/2020</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Friday</u>				<u>February 4, 2020</u>
Event Time(s) <u>10:15:00 ^{AM} PM - 12:35 PM</u>		<u>8:00 AM</u>	<u>2:30 PM</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held Environmental Science Speaker		Number of Persons Attending Meeting 50		Community Room
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Ali Woods</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42835</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u> <u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>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 <u>Yes</u> or <u>No</u>) Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> <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>2/7/2020</u>	<u>AWB</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.

Ali Woods

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!