

Tina & Don

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Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44888

Part I - To be completed by organization requesting building utilization

Date(s) <u>Feb 19, 2020</u>	Setup Time <u>8:30 AM</u>	Tear Down Time <u>1:40 PM</u>	Date Request Submitted <u>2/3/2020</u>
Activity: Day(s) <u>Wednesday</u>	Room(s) / Area Requested: <u>Gym</u>		
Event Time(s) <u>9:15 - 9:45 AM</u>	Name of Organization and Event Being Held <u>ECE Senior Project (some gym equip)</u>		
Address		Number of Persons Attending Meeting <u>24 AM - 24 PM</u>	
Contact Person: <u>Ms. Masse</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____	
PCTC Requested Services: (Identify No. Needed)		Contact Person: _____	
<u>Empty</u>		Phone Number: _____	
Room Setup: <u>Empty</u>		Address: _____	
Electronic: _____		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
Café OR Culinary Arts: _____		Estimated time of arrival at Pioneer for setup/delivery	
Chairs _____ Microphone _____ Drinks _____		Other/Specify: <u>8:10 - AM</u>	
Tables _____ Ovrhd. Proj. _____ Snacks _____		<u>Clean up. 1:45 PM</u>	
Chalkboard _____ Video Camera _____ Breakfast _____		Date of contact with Cafeteria/Culinary Arts Services	
Lectern _____ Video Recorder _____ Luncheon _____		if used for this event: _____	
Coat Racks _____ Internet Access _____ Dinner _____			
For specific room setup, see attached design: (check one)			
<u>Yes</u> or <u>No</u>			

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>[Signature]</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 completion 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

Thank you for selecting Pioneer for your event!

Kiana - Obst. course for Senior Project!!