

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) 2/21/2020		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday				February 20, 2020
Event Time(s) 12:45		by 12:45 pm	after 2:25 pm	Room(s) / Area Requested:
Name of Organization and Event Being Held HOSA		Number of Persons Attending Meeting ~60 per rotation		Community Room
Address Ryan Road		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Kathleen Fiske		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42813 Cell: 419 6187763		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> 60 Chairs <u>Microphone</u> <u>Drinks</u> <u>0</u> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>1</u> Lectern <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 one) <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) X Yes or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Approximately 60 chairs facing whiteboard for presentation.

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	2/20/2020	[Signature]
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: **2/20/2020**

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!