

* Laurie is okay with sharing the room the morning of March 11th. *

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) 3-10/3-11/3-13		Setup Time	Tear Down Time	Date Request Submitted February 26, 2020																		
Activity: Day(s) Tues/Wed/Friday				Room(s) / Area Requested: Community room																		
Event Time(s) 8 am - 11 am																						
Name of Organization and Event Being Held Student Services Accuplacer testing		Number of Persons Attending Meeting 35																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Crystal Escalera		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: 419 347-7744 Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td>35 Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td>7 Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	35 Chairs	___ Microphone	___ Drinks	7 Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	___ Internet Access	___ Dinner	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: _____ _____ _____ _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
35 Chairs	___ Microphone	___ Drinks																				
7 Tables	___ Ovrhd. Proj.	___ Snacks																				
___ Chalkboard	___ Video Camera	___ Breakfast																				
___ Lectern	___ Video Recorder	___ Luncheon																				
___ Coat Racks	___ Internet Access	___ Dinner																				
For specific room setup, see attached design: (check one) <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	02/27/20	
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: 2/26/2020

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!