

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) 9/1/2020-10/29/2020		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) Monday-Thursday				August 11, 2020																		
Event Time(s) 5:00-9:30pm		Room(s) / Area Requested: W155 & W159 Welding Classroom and Lab																				
Name of Organization and Event Being Held Adult Education- Welding Technologies		Number of Persons Attending Meeting 10																				
Address 27 Ryan Road Shelby OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: D.Paullin/J.Eldridge/J.Loudermilk		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: 419 342-1100 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>___ Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td>___ 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>	___ Chairs	___ Microphone	___ Drinks	___ 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>		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
___ Chairs	___ Microphone	___ Drinks																				
___ 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>		Estimated time of arrival at Pioneer for setup/delivery: _____																				
		Other/Specify: _____																				
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																				

Part II - To be completed by PCTC Personnel

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: 8-11-20

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	8/15/2020	JLB
Billed for Services		
Referred to Board		

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!