

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>9/1/2020-3/18/2021</u> | | Setup Time | Tear Down Time | Date Request Submitted | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) <u>Monday-Thursday</u> | | | | August 11, 2020 | | | | | | | | | | | | | | | | | | |
| Event Time(s) <u>5:00-9:00 PM</u> | | | | Room(s) / Area Requested: W220 Medical Office | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held Adult Education -Certified Clinical Medical Assistant | | 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: <u>D.Paullin/J.Eldridge/J.Loudermilk</u> | | Business Name: _____ | | | | | | | | | | | | | | | | | | | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | | | | | | | | | | | | | | | | | | | |
| Work: <u>419 342-1100</u> 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><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table> | | <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | <u>Chairs</u> | <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 one) <u>Yes</u> or <u>No</u> | | |
| <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | | | | | | | | | | | | | | | | | | | | |
| <u>Chairs</u> | <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> | | | | | | | | | | | | | | | | | | | | |
| 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

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

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.

| Action Taken | Date | By |
|---------------------|-----------|-----|
| Approved and Booked | 8/13/2020 | JLB |
| Billed for Services | | |
| Referred to Board | | |


Signature (person in charge of activity)

Date: 8-11-20

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!

Revised 07/15