

# Building Utilization Request



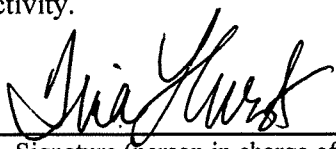
# Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

## Part I - To be completed by organization requesting building utilization

Date(s) <del>10/10/2020</del> <u>10/29/20</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <del>Tuesday</del> <u>Thursday</u>				<b>June 10, 2020</b>
Event Time(s) <del>7:30-10:30 am</del> <u>2:30pm</u>		<b>7:00</b>	<b>10:45</b>	Room(s) / Area Requested:
Name of Organization <b>Picture Retake Day</b>		Number of Persons Attending Meeting		<b>Arena</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Tina Hurst, ext. 42200</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Room Setup	Electronic	Café/Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery: <u>7:00</u>
<u>4</u> Chairs	___ Microphone	___ Drinks		Other/Specify: <u>Two tables lined up next to stage</u>
<u>3</u> Tables	___ Ovrhd. Proj.	___ Snacks		<u>Cameras will need to plug in; 3rd table just inside arena doors for check in</u>
___ Chalkboard	___ Video Camera	___ Luncheon		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
___ Lectern	___ Video Recorder	___ Dinner		
___ Coat Racks	___ Internet Access			
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u>				

## Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.			<b>Responsibility Notice</b>	
Rental .....	_____		It is understood that our organization assumes full responsibility for any damage to the building and equipment.	
Custodial Services .....	_____		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.	
Food Services .....	_____		 Signature (person in charge of activity)	
Other .....	_____			
<b>Total Fee Estimate</b> _____			Date: <u>6/10/20</u>	
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.			<u>Updated 8/31/20</u>	
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			<b>Thank you for selecting Pioneer for your event!</b>	
<b>Action Taken</b>	<b>Date</b>	<b>By</b>		
Approved and Booked	<u>9/1/2020</u>	<u>WLB</u>		
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.