

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>3-2-2021</u>	Setup Time <u>8</u>	Tear Down Time <u>930</u>	Date Request Submitted <u>2-5-2021</u>
Activity: Day(s) <u>Tues</u>			
Event Time(s) <u>830 930</u>			

Name of Organization and Event Being Held <u>Lucas ACT reg</u>	Number of Persons Attending Meeting	Room(s) / Area Requested: <u>Cafe</u>
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Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
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Contact Person: <u>Shannon Sprang</u>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: _____ Cell: _____	Phone Number: _____
	Address: _____

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	Café OR Culinary Arts
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner

For specific room setup, see attached design: (check one)
☐ Yes or ☐ No

If specific hookup/utility needs are required see attached: (check one) ☐ Yes or ☐ No

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

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	<u>2/8/2021</u>	<u>MS</u>
Called for Services		
Referred to Board		

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

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: _____

Thank you for selecting Pioneer for your event!