

Part I - To be completed by organization requesting building utilization

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Date(s) 19-Oct-21		Setup Time	Tear Down Time	Date Request Submitted August 12, 2021
Activity: Day(s) Tuesday				Room(s) / Area Requested: Pioneer Room
Event Time(s) 8:00-11:00				
Name of Organization and Event Being Held Counselors Meeting		Number of Persons Attending Meeting 25		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Shannan Sprang or Laurie Easler		Business Name: _____		
Phone Numbers: Home: _____ Work: _____ Cell: _____		Contact Person: _____		
		Phone Number: _____		
		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>		
<u>Café</u> OR <u>Culinary Arts</u> <u>Room Setup</u> <u>Electronic</u> <input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u> <input checked="" type="checkbox"/> Tables <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>		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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	8/12/21	KL
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.

Shannon Sprang *L. Easler*
Signature (person in charge of activity)
Date: _____

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