

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) June 28th, 2016		Date Request Submitted March 1, 2016
Activity: Day(s) Tuesday - Migrant exploration Camp		Room(s) / Area Requested: arena and misc labs tba
Time(s) 2-4pm 8-3		
Name of Organization Willard/Pioneer Migrant Exploration Camp	Number of Persons Attending Meeting 225	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: _____		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: _____ Cell: 419 _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
Room Setup	Electronic	Café/Culinary Arts
<input checked="" type="checkbox"/> Chairs	_____ Microphone	_____ Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____ Snacks
_____ Chalkboard	_____ Video Camera	_____ Luncheon
_____ Lectern	_____ Video Recorder	_____ Dinner
<input checked="" type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> 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

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

Action Taken	Date	By
Approved and Booked	3/2/2016	WJB
Billed for Services		
Referred to Board		

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.

Signature (person in charge of activity)

Date: _____

Thank you for selecting Pioneer for your event!

3/2 Received in email from L. Meisse