

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) December 7, 2016 <i>12/14/2016 date</i>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday		8	2:30	June 1, 2016
Event Time(s) ALL DAY				Room(s) / Area Requested:
Name of Organization Pioneer Boys Nontraditional Career Exploration Day		Number of Persons Attending Meeting 30	PIONEER RM-11:00-12:00 COMM. RM.-ALL DAY	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jim Sorenson		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext. 42922 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	Electronic	Café/Culinary Arts		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	30 Snacks		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	30 Luncheon		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner		
<input type="checkbox"/> Coat Racks	<input 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 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	6/16/2016	<i>[Signature]</i>
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: *[Signature]* 6/1/16

Thank you for selecting Pioneer for your event!

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.