

Building Utilization Request



Pioneer Career and Technology Center

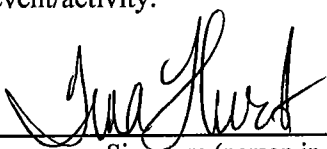
ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Part I - To be completed by organization requesting building utilization

Date(s) 8/9/2016-8/11/2016		Setup Time 7:30	Tear Down Time 3:30	Date Request Submitted June 2, 2016
Activity: Day(s) Tues-Thursday				Room(s) / Area Requested: Community Room <i>ISD? (Hearing Screening)</i>
Event Time(s) 7:30 - 3:30,, Thurs. 7:30				
Name of Organization Welcome Week		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Kris Kowalski, ext. 42202		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Other/Specify: Will need to have tables set up with access to have computers/camera plugged in.		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Mr. Kowalski will verify set up by 8/5/16.		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>x</u> No				

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			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: <u>6/7/16</u>
Action Taken	Date	By	
Approved and Booked	6/8/16	<i>[Signature]</i>	
Billed for Services			
Referred to Board			

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.