Building Utilization Request



Pioneer Career and Technology Center

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

Part I - To be complete	ed by organization	on requestir	ig building utl	lization 🗼		
Date(s) 10/4/2016 Activity: Day(s) Wednesday			Setup Time	Tear Down Time	Date Request Submitted	
			Setup Time		June 2, 2016	
Event Time(s)	7:30-10:30 aı	m	7:00	10:45	Room(s) / Area Requested:	
Name of Organization Lifetouch Picture Retake Day				Number of Persons Arena Attending Meeting		
Address			1	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Tina Hurst, ext. 42200			Business N	Business Name:		
Phone Numbers: Home:			Contact Pe	Contact Person:		
Work: Cell:			Phone Nur	Phone Number:		
		Address:	Address:			
PCTC Requested Service	eeded)	If specific	If specific hookup/utility needs are required see attached:			
Room Setup <u>Electronic</u> <u>Café/Culinary Arts</u>			arts (check one	(check one)Yes orNo		
4 Chairs M	Iicrophone	Drinks	Estimated	Estimated time of arrival at Pioneer for setup/delivery:		
TablesOvrhd. ProjSnacks			7:00	7:00		
Chalkboard Video Camera Luncheon			on Other/Spe	Other/Specify: Two tables lined up next to stage		
Lectern V	ideo Recorder	Dinner	Camera	Cameras will need to plug in; 3rd table just inside		
Coat RacksIr		arena d	arena doors for check in			
For specific room setup, see	check one)	Date of c	Date of contact with Cafeteria/Culinary Arts Services			
x Yes or No		if used fo	if used for this event:			
Part II - To be comple	eted by PCTC Pe	ersonnel		Respo	nsibility Notice	
Estimate Calculation of Rental Custodial Services Food Services	ertinent paper	respons	It is understood that our organization assumes full responsibility for any damage to the building and equipment.			
Other				A Security Deposit in the amount of \$		
Total F		is requi	is required to confirm scheduling. This will be			
Note: Final invoice billing based upon actual costs following the event/activity.				applied to final invoice upon satisfactory complete of event/activity.		
Upon receipt of invoice, please make check payable to: Pioneer CTC			to:	Signature (person in charge of activity)		
Action Taken	Date	Ву		Signature (per	son in charge of activity)	
Approved and Booked Billed for Services	4/8/16	NHB	Date:	VI)	11/2	
Referred to Board			Thank	vou for selec	cting Pioneer for your event!	