

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) 23-Aug-16	Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) _____	5:00pm		June 16, 2016																		
Event Time(s) 5:30-8pm			Room(s) / Area Requested:																		
Name of Organization and Event Being Held Preschool Parent Meeting		Number of Persons Attending Meeting 70	Community Room																		
Address Ryan Road		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: Stephanie Roberts		Business Name: _____																			
Phone Numbers: Home: _____		Contact Person: _____																			
Work: _____ Cell: _____		Phone Number: _____																			
Address: _____		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>																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj. Power points Snacks</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input checked="" type="checkbox"/> Coat Racks</td> <td><input checked="" type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj. Power points Snacks		<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	<input checked="" type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____	
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For specific room setup, see attached design: (check one)		Other/Specify: _____																			
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		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	6/21/2016	MRB
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.

Stephanie Roberts
Signature (person in charge of activity)

Date: 6-15-16

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

Microphone
Podium

Preschool Parent Meeting

Community Room

PowerPoint
front of room

UUUU

UUUU

(Chairs)

UUUU

UU

(Tables)
UUUU

UUUU

UUUU

UUUU

4 or 5 chairs per table whatever fits comfortably.

UU

UU

UUUU

UUU

UUU

5 chairs for staff

U U U U U

coat
Rack
If
needed