

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) Oct. 14, 2016		Setup Time	Tear Down Time	Date Request Submitted																
Activity: Day(s) Friday				Aug. 22, 2016																
Event Time(s) 9:30-11:00 am		8:00 AM	11:30 AM	Room(s) / Area Requested:																
Name of Organization and Event Being Held Fall GRADS Advisory Committee Meeting		Number of Persons Attending Meeting Up to 18		Community Room, C109																
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																		
Contact Person: Jane Knight, ext. 42961		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>Café</u> OR</td> <td></td> </tr> <tr> <td><u>Room Setup</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td>16 Chairs</td> <td>Microphone</td> </tr> <tr> <td>4 Tables</td> <td>Ovrhd. Proj.</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> </tr> <tr> <td>Coat Racks</td> <td>Internet Access</td> </tr> <tr> <td></td> <td>Dinner</td> </tr> </table>		<u>Café</u> OR		<u>Room Setup</u>	<u>Culinary Arts</u>	16 Chairs	Microphone	4 Tables	Ovrhd. Proj.	Chalkboard	Video Camera	Lectern	Video Recorder	Coat Racks	Internet Access		Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Café</u> OR																				
<u>Room Setup</u>	<u>Culinary Arts</u>																			
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	Dinner																			
For specific room setup, see attached design: (check one)		Other/Specify: _____																		
X Yes or 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	8/26/16	JKB
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.

Jane Knight
Signature (person in charge of activity)

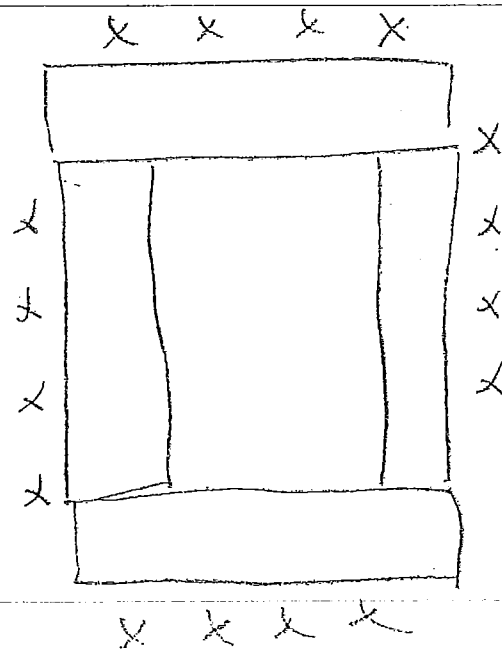
Date: 8/22/2016

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

GRADS Advisory Committee Meeting Room Set-up



4 tables

16 chairs

Thank You!