

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) 11/17/2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday				October 17, 2016
Event Time(s) 11:45-1:30		11:4000:00 AM	1:30 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Lexington freshman tour		Number of Persons Attending Meeting 200		Community Room, W 178, Pioneer Room, DLT, Arena, W112
Address 27 Ryan Rd		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Vickie Hunt/Jim Sorenson		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42921 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Chairs 18 Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks		<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access		
<input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: Packed lunches will be provided by participants _____ _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes Spe Back or <input type="checkbox"/> No trash cans-				

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	10/19/16	MSB
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.

Signature (person in charge of activity): **V. Hunt**

Date: **10/18/16**

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!

Tables & chairs set up for 200 for lunch. It would be helpful to have the tables set up in 3 evenly distinct areas. Thank you for your help.

Vicki

Stage

