

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) <u>November 30, 2016</u>		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) <u>Wednesday</u>		7 a.m.	12 p.m.	11/11/16																					
Event Time(s) <u>9 a.m.</u>				Room(s) / Area Requested:																					
Name of Organization and Event Being Held <u>Kokosing Construction Visit</u>		Number of Persons Attending Meeting <u>100/200</u>		<u>Arena</u>																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: <u>Katie Gall - Job Leads</u>		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: <u>ext. 42941</u> Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td><u>X</u> Room Setup</td> <td><u>X</u> Electronic <u>Laptop</u></td> <td><u> </u> Café OR</td> </tr> <tr> <td><u>X</u> Chairs</td> <td><u>X</u> Microphone</td> <td><u> </u> Culinary Arts</td> </tr> <tr> <td><u>X</u> Tables (1)</td> <td><u>X</u> Ovrhd. Proj.</td> <td><u> </u> Drinks</td> </tr> <tr> <td><u> </u> Chalkboard</td> <td><u> </u> Video Camera</td> <td><u> </u> Snacks</td> </tr> <tr> <td><u> </u> Lectern</td> <td><u> </u> Video Recorder</td> <td><u> </u> Breakfast</td> </tr> <tr> <td><u> </u> Coat Racks</td> <td><u>X</u> Internet Access</td> <td><u> </u> Luncheon</td> </tr> <tr> <td></td> <td></td> <td><u> </u> Dinner</td> </tr> </table>		<u>X</u> Room Setup	<u>X</u> Electronic <u>Laptop</u>	<u> </u> Café OR	<u>X</u> Chairs	<u>X</u> Microphone	<u> </u> Culinary Arts	<u>X</u> Tables (1)	<u>X</u> Ovrhd. Proj.	<u> </u> Drinks	<u> </u> Chalkboard	<u> </u> Video Camera	<u> </u> Snacks	<u> </u> Lectern	<u> </u> Video Recorder	<u> </u> Breakfast	<u> </u> Coat Racks	<u>X</u> Internet Access	<u> </u> Luncheon			<u> </u> Dinner	If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No		
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For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____																							
<u>X</u> Yes or <u> </u> No <u>See attached</u>		Other/Specify: _____																							
		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	11/3/16	myb
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.

Katie Gall
Signature (person in charge of activity)

Date: 11/11/16

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!

