

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) See Attached	Setup Time	Tear Down Time	Date Request Submitted April 19, 2017																		
Activity: Day(s) See Attached																					
Event Time(s) See Attached	See Attached	See Attached	Room(s) / Area Requested: ARENA																		
Name of Organization and Event Being Held Denise Thompson (Denise's Twirlettes)		Number of Persons Attending Meeting 300																			
Address 15 Grant Dr, Shelby, Oh 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: Denise Thompson		Business Name: _____																			
Phone Numbers: Home: 419 347-4455		Contact Person: _____																			
Work: 419 571-3220 Cell: 419 571-2948		Phone Number: _____																			
		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 OR 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 type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</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 type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café OR Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> 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 type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café OR Culinary Arts</u>																			
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks																			
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> 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 type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner																			
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Other/Specify: _____																			
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																			

Part II - To be completed by PCTC Personnel

Responsibility Notice

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	4/26/2017	WLB
Billed for Services		
Referred to Board		

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.

Denise Thompson
Signature (person in charge of activity)

Date: **4-18-17**

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!

Denise Thompson
Denise's Twirlettes

Pioneer Career and Technology Center
Arena Schedule
2017

Monday	October 9th	4:00 - 8:30
Monday	October 16th	4:00 - 8:30
Tuesday	October 17th	4:00 - 9:00
Saturday	October 21st	8:30 - 3:30
Sunday	October 22nd	2:30 - 7:30
