

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Date(s) 3/19 - 3/26 2018		Setup Time	Tear Down Time	Date Request Submitted												
Activity: Day(s) Mon - Mon				May 24, 2017												
Event Time(s) All Day		All day	All day	Room(s) / Area Requested:												
Name of Organization and Event Being Held Prom		Number of Persons Attending Meeting TBD		Arena and DLTC												
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)														
Contact Person: Dawn Roberts		Business Name: _____														
Phone Numbers: Home: _____		Contact Person: _____														
Work: 419 347-7744 Cell: 419 512-4140		Phone Number: _____														
PCTC Requested Services: (Identify No. Needed)		Address: _____														
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" 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 checked="" type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <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: _____														
For specific room setup, see attached design: (check one) <input 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		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		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.														
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>5/24/17</td> <td>DR</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>		Action Taken	Date	By	Approved and Booked	5/24/17	DR	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: 5/24/17		
Action Taken	Date	By														
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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!