

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) 10/23/2017 | Setup Time | Tear Down Time | Date Request Submitted | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) Monday | | | May 30, 2017 | | | | | | | | | | | | | | | | | | |
| Event Time(s) 5:30-9:00 | 1:00 | 8:00 | Room(s) / Area Requested: | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held Pioneer All Member Advisory Committees Board Dinner/Meeting | Number of Persons Attending Meeting 225 | | Cafeteria then various labs | | | | | | | | | | | | | | | | | | |
| Address | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | | | | | | | | | | | | | | | | | | |
| Contact Person: Kris Kowalski, ext. 42202 | Business Name: _____ | | | | | | | | | | | | | | | | | | | | |
| Phone Numbers: Home: _____ | Contact Person: _____ | | | | | | | | | | | | | | | | | | | | |
| Work: _____ Cell: _____ | Phone Number: _____ | | | | | | | | | | | | | | | | | | | | |
| PCTC Requested Services: (Identify No. Needed) | Address: _____ | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><input checked="" type="checkbox"/> <u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>_____ Ovrhd. Proj.</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td>_____ Video Recorder</td> <td>_____ Luncheon</td> </tr> <tr> <td>_____ Coat Racks</td> <td>_____ Internet Access</td> <td><input checked="" type="checkbox"/> Dinner</td> </tr> </table> | <u>Room Setup</u> | <u>Electronic</u> | <input checked="" type="checkbox"/> <u>Café</u> OR <u>Culinary Arts</u> | <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | <input checked="" type="checkbox"/> Drinks | <input checked="" type="checkbox"/> Tables | _____ Ovrhd. Proj. | _____ Snacks | _____ Chalkboard | _____ Video Camera | _____ Breakfast | <input checked="" type="checkbox"/> Lectern | _____ Video Recorder | _____ Luncheon | _____ Coat Racks | _____ Internet Access | <input checked="" type="checkbox"/> Dinner | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Dinner arrangements will be made with Jason Fortman as event approaches</u> _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | |
| <u>Room Setup</u> | <u>Electronic</u> | <input checked="" type="checkbox"/> <u>Café</u> OR <u>Culinary Arts</u> | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | <input checked="" type="checkbox"/> Drinks | | | | | | | | | | | | | | | | | | | |
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| _____ Chalkboard | _____ Video Camera | _____ Breakfast | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Lectern | _____ Video Recorder | _____ Luncheon | | | | | | | | | | | | | | | | | | | |
| _____ Coat Racks | _____ Internet Access | <input checked="" type="checkbox"/> Dinner | | | | | | | | | | | | | | | | | | | |
| For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u> | | | | | | | | | | | | | | | | | | | | | |

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 | 6/12/17 | (Signature) |
| 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) / K Kowalski
Signature (person in charge of activity)

Date: 6/18/17

Thank you for selecting Pioneer for your event!

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.

Revised 07/15