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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>1/25/2018</u>		Setup Time	Tear Down Time	Date Request Submitted <u>May 30, 2017</u>
Activity: Day(s) <u>Thursday</u>				Room(s) / Area Requested: Cafeteria/Labs/Community Room
Event Time(s) <u>6-8 pm</u>				
Name of Organization and Event Being Held Soph. Open House		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Tina Hurst, ext. 42200</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Tables Chalkboard Lectern Coat Racks	<u>Electronic</u> Microphone Ovrhd. Proj. Video Camera Video Recorder Internet Access	<input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Snacks Breakfast Luncheon Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> <u>Yes</u> or <u>No</u>		Other/Specify: _____		
		<u>*Round Tables in cafeteria set up with cookies/coffee/water - arrangements finalized as event approaches with J. Fortman</u>		
		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.

Action Taken	Date	By
Approved and Booked	<u>6/24/17</u>	<u>(G)</u>
Billed for Services		
Referred to Board		

Tina Hurst
Signature (person in charge of activity)

Date: 6/28/17

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!