

WJH

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) 5/3/2018	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday			May 30, 2017
Event Time(s) 7:00-8:30 pm	12:30	21:00	Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer Honors Night	Number of Persons Attending Meeting 600		ARENA
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Tina Hurst, ext. 42200	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Room Setup	Electronic	Café OR Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	Drinks	Other/Specify: _____
<input checked="" type="checkbox"/> Tables	Ovrhd. Proj.	Snacks	*set up all chairs with center aisle; hort will provide plants for stage area
Chalkboard	Video Camera	Breakfast	_____
<input checked="" type="checkbox"/> Lectern	Video Recorder	Luncheon	_____
<input checked="" type="checkbox"/> Coat Racks	Internet Access	Dinner	_____
For specific room setup, see attached design: (check one)			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
<input checked="" type="checkbox"/> Yes or <u>No</u>			

Part II - To be completed by PCTC Personnel

Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers.			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.
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	<i>6/12/17</i>	<i>[Signature]</i>	
Billed for Services			
Referred to Board			

[Signature] / *K Kowalski*
Signature (person in charge of activity)
Date: *6/8/17*

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!