

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) 10/3/2017-10/4/2017		Setup Time 7:00	Tear Down Time 2:35	Date Request Submitted June 12, 2017
Activity: Day(s) Tues. & Weds.				Room(s) / Area Requested: Program Labs/Adm. Conf. Room
Event Time(s) 7:30-2:30				
Name of Organization Lifetouch Lab Picture Days		Number of Persons Attending Meeting		
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: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>		
___ Chairs	___ Microphone	___ Drinks		
___ Tables	___ Ovrhd. Proj.	___ Snacks		
___ Chalkboard	___ Video Camera	___ Luncheon		
___ Lectern	___ Video Recorder	___ Dinner		
___ Coat Racks	___ Internet Access			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No		
___ Yes or <u>x</u> No		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: Lifetouch staff will use the Admin. Conf. Room as their "home base" while taking pics of labs		
		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	6/15/17	(Signature)
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.

(Signature)

Signature (person in charge of activity)

Date: _____

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.