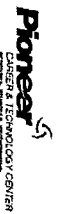


Building Utilization Request



Pioneer Career and Technology Center
ATTN: Director of Business Affairs
 27 Ryan Road, Shelby, OH 44875

Don

Part I To be completed by organization requesting building utilization

Date(s) <u>10.3.17</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tues</u>		<u>10/2</u> pm	<u>10/3</u> pm	<u>8.24.17</u>
Event Time(s) <u>8-3pm</u>		Room(s) / Area Requested:		
Name of Organization and Event Being Held		<u>community room</u>		
<u>ACTE Success Series</u>		Number of Persons Attending Meeting <u>40</u>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Lindi Meisse</u>		Business Name: <u>Pioneer Culinary</u>		
Phone Numbers: Home: _____		Contact Person: <u>Chef</u>		
Work: <u>PCTC 42761</u> Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)				
Room Setup		Café OR <u>Culinary Arts</u>		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Electronic Microphone	<input type="checkbox"/> Drinks		
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Overhd. Proj.	<input type="checkbox"/> Snacks		
Chalkboard	Video Camera	Breakfast		
<input checked="" type="checkbox"/> Lectern	Video Recorder	<input checked="" type="checkbox"/> Luncheon		
Coat Racks	<input checked="" type="checkbox"/> Internet Access	Dinner		
For specific room setup, see attached design: (check one)				
Yes or <u>No</u> <u>What's best?</u>				
Part II To be completed by PCTC Personnel				
Estimate Calculation of Fees: Attach any pertinent papers.				
Rental				
Custodial Services				
Food Services				
Other				
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				
*Responsibility Notice				

I need to figure this out for table cloths & decorations & room to more about.

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	4/1/2017	WLB
Billed for Services		
Referred to Board		

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 (person in charge of activity)

Date:

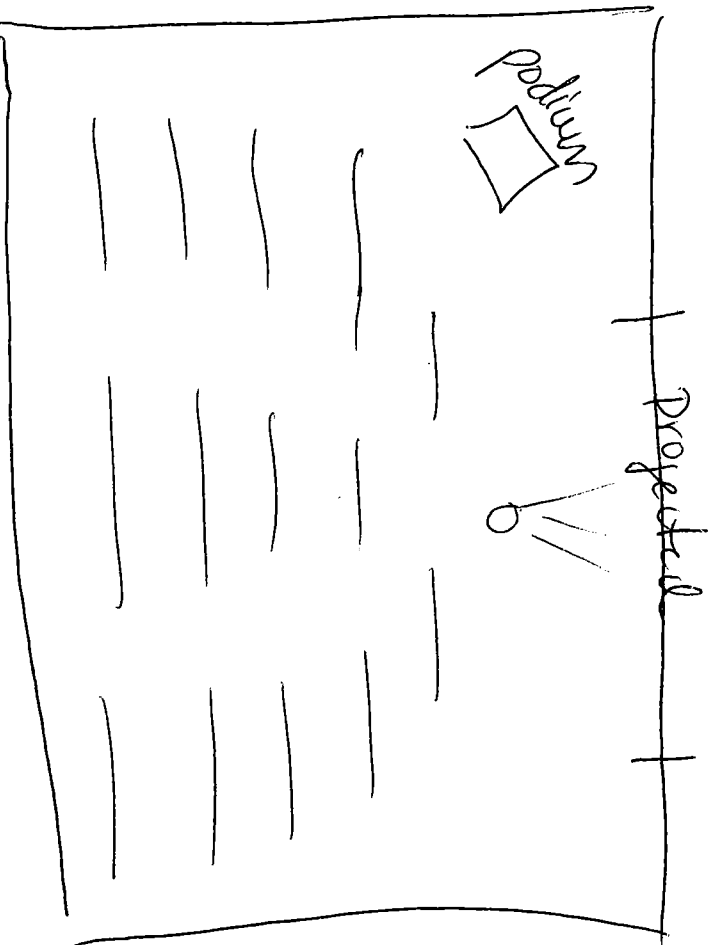
8/23/17

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

Internet
Needed



Note: do we have round tables?

9 tables of 5?
5 tables of 8?

02

Rectangle w/ 3
facing return.