

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) 9-15/16-20/11-17/1-8/23 Setup Time _____ Tear Down Time _____
 Activity: Day(s) 5-16 FRIDAYS Room(s) / Area Requested: 9/7/2017
 Event Time(s) _____

Name of Organization and Event Being Held
SKILLS USA / PIONEER

Address _____
 Contact Person: _____
 Phone Numbers: Home: _____
 Work: _____ Cell: _____

PCTC Requested Services: (Identify No. Needed)
 Room Setup _____ Café OR _____ Culinary Arts _____
 Chairs Microphone _____ Drinks _____
 Tables Ovrhd. Proj. _____ Snacks _____
 Chalkboard _____ Video Camera _____ Breakfast _____
 Lectern _____ Video Recorder _____ Luncheon _____
 Coat Racks _____ Internet Access _____ Dinner _____

Number of Persons Attending Meeting: 740
 Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.): _____
 Business Name: _____
 Contact Person: _____
 Phone Number: _____
 Address: _____

If specific hookup/utility needs are required see attached: (check one) Yes or No
 Estimated time of arrival at Pioneer for setup/delivery: _____
 Other/Specify: _____

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

A Security Deposit in the amount of \$ _____ is required to confirm scheduling. This will be _____

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	9/27/2017	[Signature]
Billed for Services		
Referred to Board		

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.

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.

SKILLS USA

Signature (person in charge of activity)

Date:

Thank you for selecting Pioneer for your event!

Revised 07/15