

AK

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) March 9, 2018	8:00	11:30 AM	Date Request Submitted Sept. 27, 2017
Activity: Day(s) Friday			Room(s) / Area Requested: Community Room, C109
Event Time(s) 9:30 - 11:00 AM			
Name of Organization and Event Being Held SPRING GRADS Advisory Committee Meeting	Number of Persons Attending Meeting Up to 18		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jane Knight, ext. 42961	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts	If specific hookup/utility needs are required see attached: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> 18 Chairs <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks	Other/Specify: _____		
<input type="checkbox"/> 4 Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast	_____		
<input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon	_____		
<input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner	_____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

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	10/3/17	WJB
Billed for Services		
Referred to Board		

Responsibility Notice

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.

Jane Knight
Signature (person in charge of activity)

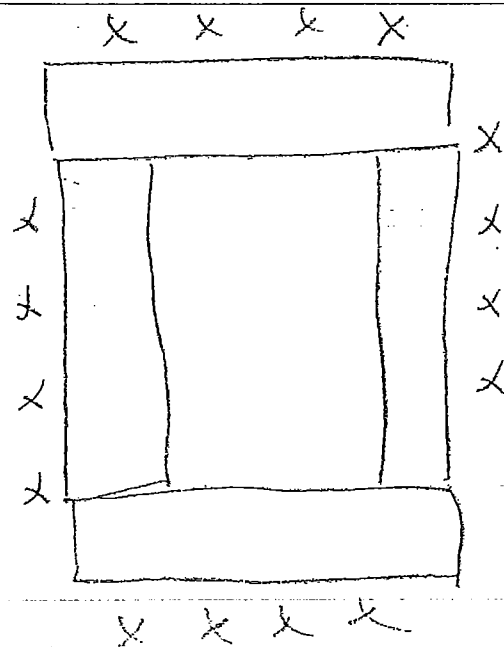
Date: 9/27/17

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!

Revised 07/15

GRADS Advisory Committee Meeting Room Set-up



4 tables

18 chairs

Thank You!