

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) <u>1/23/18 - 1/26/18 1/29/18</u>		Setup Time	Tear Down Time	Date Request Submitted October 24, 2017
Activity: Day(s) <u>TUES, WED, THURS, FRI</u>				Room(s) / Area Requested: Community Room
Event Time(s) <u>All Day MON</u>				
Name of Organization and Event Being Held Sophomore Visitation - Performing Arts		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Mindy Owen</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>ext 42250</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <u>50</u> Chairs <u>X</u> Microphone _____ Drinks <u>3</u> Tables <u>X</u> Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <u>X</u> Yes or <u>No</u>		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	<u>10/24/2017</u>	<u>MJO</u>
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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Mindy Owen
Signature (person in charge of activity)

Date: 10/24/17

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

Community Room Set Up for Sophomore Visits 1/23/18 – 1/26/18

Please place chairs in a semi-circle with an opening at the east end of the room.

Please place tables in the back (west behind semi-circle) with several chairs at each table.