

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>12/5/2017 - 12/19/17</u>		Setup Time	Tear Down Time	Date Request Submitted <u>10/26/2017</u>
Activity: Day(s) <u>M-F</u>				Room(s) / Area Requested: <u>W164</u> <u>(Davis old room)</u>
Event Time(s) <u>all day</u>				
Name of Organization and Event Being Held <u>OST - End of Course Testing</u>			Number of Persons Attending Meeting <u>W164</u>	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Mindy Ower</u>			Business Name: _____	
Phone Numbers: Home: _____			Contact Person: _____	
Work: <u>42250</u> Cell: _____			Phone Number: _____	
PCTC Requested Services: (Identify No. Needed) <u>Desks + chairs for 25 students</u> OR <u>Cafe</u>			Address: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Culinary Arts</u>		
<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>		
<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Snacks</u>		
<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>		
<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>		
<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>			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: _____	
			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

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.

Signature (person in charge of activity)

Date: _____

Action Taken	Date	By
Approved and Booked	<u>10/26/17</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

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