

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) 4/9/2018 | | Setup Time | Tear Down Time | Date Request Submitted April 9, 2018 |
| Activity: Day(s) Monday | | | | Room(s) / Area Requested: Cos Lab |
| Event Time(s) 3:00-5:00 | | | | |
| Name of Organization and Event Being Held Jr. Spa Night | | Number of Persons Attending Meeting | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: | | Business Name: | | |
| Phone Numbers: Home: Work: Cell: | | Contact Person: | | |
| | | Phone Number: | | |
| | | Address: | | |
| PCTC Requested Services: (Identify No. Needed) | | If specific hookup/utility needs are required see attached: (check one) Yes or No | | |
| <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | | |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Drinks | | |
| <input type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | <input type="checkbox"/> Snacks | | |
| <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) 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

| | | | |
|---|----------|----|---|
| 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 | | | 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. |
| Action Taken | Date | By | Signature (person in charge of activity) Date: |
| Approved and Booked | 4/9/2018 | MB | |
| Billed for Services | | | |
| Referred to Board | | | |