

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>May 7-9</u>		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <u>Mon - Wed (AM)</u>				<u>4/18/18</u>																		
Event Time(s) <u>would like to leave setup but student</u>			<u>10:45-11:45</u>	Room(s) / Area Requested:																		
Name of Organization and Event Being Held <u>STEP Class + CCP History Gallery walk</u>		Number of Persons Attending Meeting <u>18</u>		<u>W164</u>																		
Address <u>Pioneer</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <u>H. Fighter</u>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: _____ Cell: _____		Phone Number: _____																				
Address: _____		Address: _____																				
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>																				
<u>No service needed</u> <table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café OR Culinary Arts</u></td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café OR 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>	Estimated time of arrival at Pioneer for setup/delivery: _____		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Other/Specify: <u>Nothing needed. Just need space to set up History displays/activities</u>																				
		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	<u>4/18/18</u>	<u>H. Fighter</u>
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.

Heather Fighter
Signature (person in charge of activity)

Date: 4/19/18

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!