Building Utilization Request

Pioneer CAREER & TECHNOLOGY CENTER

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

Activity		Setup Time	Tear Down Time	Date Request Submitted
Date(s)	**9/6/2018**			**May 25, 2018**
Day(s)	**Thursday**			Room(s) / Area Requested: **Arena**
Event Time(s)	**7:30 am - 2:25 pm**			

Name of Organization
Lifetouch Picture Day

Number of Persons Attending Meeting
950+

Address

Contact Person: **Tina Hurst, ext. 42200**
Phone Numbers: Home: ____ ____
Work: ____ ____ Cell: ____ ____

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	Café/Culinary Arts
4 Chairs	___ Microphone	___ Drinks
4 Tables	___ Ovrhd. Proj.	___ Snacks
___ Chalkboard	___ Video Camera	___ Luncheon
___ Lectern	___ Video Recorder	___ Dinner
___ Coat Racks	___ Internet Access	

For specific room setup, see attached design: (check one)
x Yes or ___ **No**

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Business Name: ____
Contact Person: ____
Phone Number: ____
Address: ____

If specific hookup/utility needs are required see attached:
(check one) ___ **Yes** or ___ **No**

Estimated time of arrival at Pioneer for setup/delivery:
6:30 AM

Other/Specify: **3 tables lined up next to stage area; cameras will need to plug in. 4th table located just inside Arena entrance for check in**

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	7/3/2018	MH
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.

____
Signature (person in charge of activity)

Date: ____

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.