

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) Sept 27 2018		Setup Time 5:00 PM	Tear Down Time 7:00 PM	Date Request Submitted May 31 2018
Activity: Day(s) Thursday				Room(s) / Area Requested: Preschool Playground with rain option of the Pioneer Cafeteria
Event Time(s) 6pm-7pm				
Name of Organization ECE- Center Meet and Greet Picnic		Number of Persons Attending Meeting 130		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Danielle Ash		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42600 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	Electronic	Café/Culinary Arts		
<input type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> 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

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	7/17/2018	[Signature]
Billed for Services		
Referred to Board		

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

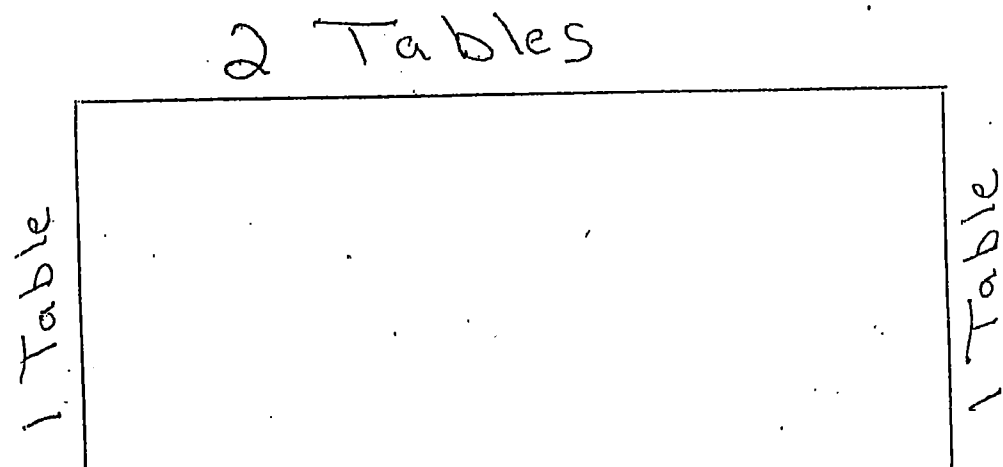
A Security Deposit in the amount of \$ _____ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

Signature (person in charge of activity) _____
Date: **5-31-18**

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.

Cafeteria Set-up



Chairs & Tables

Set up for eating

If we have the event on the preschool playground, we will need 9 tables, and 3 large trashcans

If we have it in the cafeteria, we will need tables, chairs and a microphone.