

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>1/29/19-2/1/19</u>		Setup Time	Tear Down Time	Date Request Submitted <u>7/30/18</u>																		
Activity: Day(s) <u>TUES, WED, THURS, FRI</u>				Room(s)/ Area Requested: DLTC																		
Event Time(s) <u>All Day</u>																						
Name of Organization and Event Being Held Sophomore Visitation - College NOW		Number of Persons Attending Meeting																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <u>Christina Nies</u>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: <u>ext 42250</u> Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><u>Chairs</u></td> <td><u>X</u> Microphone</td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>X</u> Ovrhd. Proj.</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</u> OR <u>Culinary Arts</u>	<u>Chairs</u>	<u>X</u> Microphone	<u>Drinks</u>	<u>Tables</u>	<u>X</u> Ovrhd. Proj.	<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>	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: _____ _____ _____		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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.											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td><u>7/30/18</u></td> <td><u>WJB</u></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	<u>7/30/18</u>	<u>WJB</u>	Billed for Services			Referred to Board			Signature (person in charge of activity) <u>[Signature]</u> Date: <u>7-30-18</u>	
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Approved and Booked	<u>7/30/18</u>	<u>WJB</u>												
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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!