

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) 29-Oct-18		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Monday				August 22, 2018
Event Time(s) 12:00-1:00pm		8:00 AM	3:00	Room(s) / Area Requested:
Name of Organization and Event Being Held Rotary Luncheon-Job Shadowing Day		Number of Persons Attending Meeting 60		Arena
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jim Sorenson		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42922 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks <input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks <input type="checkbox"/> Chalkboard _____ Video Camera _____ Breakfast <input checked="" type="checkbox"/> Lectern _____ Video Recorder <input checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks _____ Internet Access _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: 8/22		

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 _____

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.

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	8/25/18	myk
Billed for Services		
Referred to Board		

Signature (person in charge of activity)

Date: **8/23/18**

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!

Revised 07/15

Arena Layout

for 60 people

Event _____ Rotary Luncheon _____

Date 10/29/2018 Group _____ Pioneer Career Development _____

Contact Person _____ Jim Sorenson _____ Phone 42922 _____

X

