

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44881

Part I - To be completed by organization requesting building utilization

Date(s) <u>November 1st, 2018</u>	Setup Time <u>10:00</u>	Tear Down Time <u>12:15</u>	Date Request Submitted <u>September 5, 2018</u>
Activity: Day(s) <u>1</u>			Room(s) / Area Requested: <u>Pioneer Room</u>
Event Time(s)			

Name of Organization and Event Being Held <u>Live 'n' Learn</u>	Number of Persons Attending Meeting <u>15</u>	
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Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <u>Randy L. Endsley</u>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: <u>42256</u> Cell: _____	Phone Number: _____
	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>																		
<table border="0"> <tr> <td><u>X</u> Room Setup</td> <td><u>X</u> Electronic</td> <td><u>X</u> Café OR Culinary Arts</td> </tr> <tr> <td><u>X</u> Chairs</td> <td>Microphone</td> <td>Drinks</td> </tr> <tr> <td><u>X</u> Tables</td> <td>Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td><u>X</u> Luncheon</td> </tr> <tr> <td><u>X</u> Coat Racks</td> <td>Internet Access</td> <td>Dinner</td> </tr> </table>	<u>X</u> Room Setup	<u>X</u> Electronic	<u>X</u> Café OR Culinary Arts	<u>X</u> Chairs	Microphone	Drinks	<u>X</u> Tables	Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	Lectern	Video Recorder	<u>X</u> Luncheon	<u>X</u> Coat Racks	Internet Access	Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____
<u>X</u> Room Setup	<u>X</u> Electronic	<u>X</u> Café OR Culinary Arts																	
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>	Other/Specify: _____																		
	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	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 completion of event/activity.
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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>9/6/2018</u>	<u>WLB</u>
Billed for Services		
Referred to Board		

It is the policy of Pioneer Career & Technology Center to **Thank you for selecting Pioneer for your event!**

Signature (person in charge of activity)

Date: _____