

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) 18-Mar-19		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) Monday				September 24, 2018																		
Event Time(s) 6:00 PM		4:00 PM	7:00 PM	Room(s) / Area Requested:																		
Name of Organization and Event Being Held National Technical Honor Society		Number of Persons Attending Meeting Estimate - 150		Arena																		
Address Pioneer CTC		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Kalyn, Vickie, & Jolene		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: _____ 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>150 Chairs</td> <td>x Microphone</td> <td>Drinks</td> </tr> <tr> <td>6 Tables</td> <td>4x Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td>1 Lectern</td> <td>x Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td>x Internet Access</td> <td>Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	150 Chairs	x Microphone	Drinks	6 Tables	4x Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	1 Lectern	x Video Recorder	Luncheon	Coat Racks	x Internet Access	Dinner	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.
Action Taken	Date	By	
Approved and Booked	10/1/18	GM	
Billed for Services			
Referred to Board			

Signature (person in charge of activity)
 Date: 9/26/2018

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