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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>4/12/2019 - May 2 2019</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Friday - Thursday</u>			May 25, 2018
Event Time(s) 10:27-12:19	9:30	12:30	Room(s) / Area Requested:
Name of Organization and Event Being Held Jostens Senior Delivery		Number of Persons Attending Meeting Seniors	Becky Nichols laundry room/outside the cafeteria

Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: Jim Conrad	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: _____ 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>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input 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"/> Breakfast	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>	Other/Specify: Please have 2 8 ft. tables in the Hospitality laundry room with 2 chairs																		
	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	_____

Note: Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:
Pioneer CTC

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 complete of event/activity.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Signature (person in charge of activity) _____

Date: _____

Action Taken	Date	By
Approved and Booked	5/17/2018	<i>[Signature]</i>
Billed for Services		
Referred to Board		

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!