

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) Jan 29 2019		Setup Time 5:30 PM	Tear Down Time 7:00 PM	Date Request Submitted Oct 16 2018
Activity: Day(s) Tuesday				Room(s) / Area Requested: Arena
Event Time(s) 6 pm - 7 pm				
Name of Organization ECE-January Parent Event Amanda from Gorman Nature Center		Number of Persons Attending Meeting 60		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Danielle Ash		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42600 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	If specific hookup/utility needs are required see attached: (check one) Yes or No		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Other/Specify: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

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

Action Taken	Date	By
Approved and Booked	10/18/18	WJB
Billed for Services		
Referred to Board		

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.

Signature (person in charge of activity)

Date: **10-16-18**

Thank you for selecting Pioneer for your event!

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.

Stage

Table by stage

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65 chairs please

Table by door