

C114, W164 Scheduled online

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>2-13-18 2019</u>	Setup Time	Tear Down Time	Date Request Submitted <u>11-30-18</u>
Activity: Day(s) <u>Wednesday</u>			Room(s) / Area Requested: <u>Community Rm</u> <u>C114 W119</u> <u>W164 W141</u>
Event Time(s) <u>8:15 - 9:15</u>			
Name of Organization and Event Being Held <u>ACT registration</u>	Number of Persons Attending Meeting <u>31 MAX</u>		
Address <u>Plymouth Crestview</u> <u>Lexington Crestline</u>	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Shannon Sprang</u>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: <u>42252</u> Cell: _____	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Café</u> OR <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
<u>X</u> Room Setup	<u>Electronic</u>	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>X</u> Chairs	Microphone	Other/Specify: <u>W164 - will only need</u> <u>22 seats</u>	
<u>X</u> Tables / <u>Desks</u>	Ovrhd. Proj.	<u>all others up to 31</u>	
Chalkboard	Video Camera	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
Lectern	Video Recorder		
Coat Racks	Internet Access		
For specific room setup, see attached design: (check one)			
<u>Yes</u> or <u>No</u>			

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.	Responsibility Notice	
Rental	It is understood that our organization assumes full responsibility for any damage to the building and equipment.	
Custodial Services	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.	
Food Services	Any and all information on this form may be shared with the public through our publicly accessed calendar.	
Other	Signature (person in charge of activity) <u>S Sprang</u>	
Total Fee Estimate	Date: <u>11-30-18</u>	
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>11/30/18</u>	<u>WSP</u>
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

Thank you for selecting Pioneer for your event!