

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>Dec 3, 4, 5, 6, 7</u>		Setup Time	Tear Down Time	Date Request Submitted <u>11-27-18</u>
Activity: Day(s) <u>Dec 10, 17, 18</u>				Room(s) / Area Requested: <u>Community Room</u> E108 W108 W112
Event Time(s) <u>8:00 - 2:30</u>		Name of Organization and Event Being Held <u>DST Testing</u>		Number of Persons Attending Meeting <u>35</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) <u>W104 E124</u>		
Contact Person: <u>Shannon Sprang</u>		Business Name: _____		
Phone Numbers: Home: _____ Work: _____ Cell: _____		Contact Person: _____		
		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>		
<u>Café</u> OR <u>Culinary Arts</u> <u>Room Setup</u> <u>Electronic</u> <input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u> <input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <input checked="" type="checkbox"/> Internet Access <u>Dinner</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
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

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>11/28/18</u>	<u>WLB</u>
Billed for Services		
Referred to Board		

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)
[Signature]
Date: 11-27-18

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!