

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) December 13 / December 14		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) Thursday / Friday				October 26, 2018																		
Event Time(s) Periods 2&6 / Period 3		NA	NA	Room(s) / Area Requested:																		
Name of Organization and Event Being Held Microsoft Office students		Number of Persons Attending Meeting P2=18&P6=21 / P3=21		W119 - Overflow Room																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Donnie Perry		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: ext. 42718 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>22 Chairs</td> <td>Microphone</td> <td>Drinks</td> </tr> <tr> <td>4 Tables</td> <td>Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td>Internet Access</td> <td>Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	22 Chairs	Microphone	Drinks	4 Tables	Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	Lectern	Video Recorder	Luncheon	Coat Racks	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>X</u> No		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	12/11/2018	MPB
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.

Donnie Perry
Signature (person in charge of activity)
Date: ~~26 Oct 18~~ **Dec. 11, 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!