

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

KM

Part I - To be completed by organization requesting building utilization

Date(s) <u>12-17; 12-18</u>		Setup Time	Tear Down Time	Date Request Submitted <u>12-11-18</u>																		
Activity: Day(s) <u>Mon - Tues</u>				Room(s) / Area Requested: <u>W178</u>																		
Event Time(s) <u>OST Testing</u>																						
Name of Organization and Event Being Held <u>OST Testing</u>		Number of Persons Attending Meeting <u>30</u>																				
Address		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: _____ 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><input checked="" type="checkbox"/> Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> Internet Access</td> <td>___ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	___ Microphone	___ Drinks	<input checked="" type="checkbox"/> Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	<input checked="" type="checkbox"/> Internet Access	___ Dinner	If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
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For specific room setup, see attached design: (check one) ___ Yes or ___ 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	<u>12/17/2018</u>	<u>WLB</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 maintenance of the building utilization areas of the school.

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: 12-14-18

Thank you for selecting Pioneer for your event!