

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) 1/18/2019	Setup Time	Tear Down Time	Date Request Submitted November 27, 2018
Activity: Day(s)			Room(s) / Area Requested: Community Room
Event Time(s) 8:00-2:30			
Name of Organization and Event Being Held BPA - Region 7 Competitive Events Grading	Number of Persons Attending Meeting 12		
Address Various Advisors from 4 schools	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Marianne Ritchie - Pioneer	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work x-42714 Cell: _____	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
<input checked="" type="checkbox"/> Room Setup	attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Electronic	Estimated time of arrival at Pioneer for setup/delivery		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts	_____		
<input type="checkbox"/> Chairs	Other/Specify: _____		
<input type="checkbox"/> Microphone	_____		
<input type="checkbox"/> Tables	_____		
<input type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	_____		
<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	_____		
<input type="checkbox"/> Video Recorder	_____		
<input checked="" type="checkbox"/> Luncheon	_____		
<input type="checkbox"/> Coat Racks	_____		
<input type="checkbox"/> Internet Access	_____		
<input type="checkbox"/> Dinner	_____		
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event _____		
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	_____		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent paper 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			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.
Action Taken	Date	By	
Approved and Booked	12/19/18	[Signature]	
Billed for Services			
Referred to Board			
Signature (person in charge of activity)		Date: _____	

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!