

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>Tuesday, 1/15/19</u>		Setup Time <u>8:30</u>	Tear Down Time <u>11:00</u>	Date Request Submitted <u>1/4/19</u>
Activity: Day(s) <u>1 day</u>		Room(s) / Area Requested: <u>DLTC</u>		
Event Time(s) <u>8:30AM - 11:00AM</u>				
Name of Organization and Event Being Held <u>Disability Services Training PCTC Special Needs</u>		Number of Persons Attending Meeting <u>TBD</u>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Jennifer Magas</u>		Business Name: <u>Office of Disability Services</u>		
Phone Numbers: Home: _____ Work: <u>Ext 42501</u> 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 <input checked="" type="checkbox"/> <u>No</u>		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>		
<u>Chairs</u>	<input checked="" type="checkbox"/> <u>Microphone</u>	<u>Drinks</u>		
<u>Tables</u>	<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"/> <u>Internet Access</u>	<u>Dinner</u>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: <u>8:30</u>		
		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>N/A</u>		

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>1/7/2019</u>	<u>JMB</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.

Jennifer Magas
Signature (person in charge of activity)

Date: 1/4/19

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!