

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) 3/5/2019 | | Setup Time 8:00 | Tear Down Time 10:30 | Date Request Submitted January 8, 2019 | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) Tuesday | | | | Room(s) / Area Requested: DLTC | | | | | | | | | | | | | | | | | | |
| Event Time(s) | | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held NCState CCP Sign up | | Number of Persons Attending Meeting 60 | | | | | | | | | | | | | | | | | | | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | | | | | | | | | | | | | | | | | | |
| Contact Person: _____ | | 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 type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table> | | <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | <input type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Drinks | <input type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | <input type="checkbox"/> Snacks | <input type="checkbox"/> Chalkboard | <input type="checkbox"/> Video Camera | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lectern | <input type="checkbox"/> Video Recorder | <input type="checkbox"/> Luncheon | <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | <input type="checkbox"/> 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: _____ _____ _____ | | |
| <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Drinks | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | <input type="checkbox"/> Snacks | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Dinner | | | | | | | | | | | | | | | | | | | | |
| For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u> | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | | | | | | | | | | | | | | | | | | | |

Part II To be completed by PCTC Personnel

Responsibility Notice

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 | 1/8/2019 | NYB |
| Billed for Services | | |
| Referred to Board | | |

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.

Cristal Escalera
Signature (person in charge of activity)

Date: _____

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!

Revised 07/15