

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>3-5-19</u> | Setup Time | Tear Down Time | Date Request Submitted <u>1-7-19</u> | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) <u>Tuesday</u> | | | Room(s) / Area Requested: <u>C-114</u> | | | | | | | | | | | | | | | | | | |
| Event Time(s) <u>8:15</u> | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held <u>ACT registration - Bucyrus 27</u> | | Number of Persons Attending Meeting <u>27</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: <u>4252</u> | | 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><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" 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 checked="" type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Drinks | <input checked="" 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: _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | |
| <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Drinks | | | | | | | | | | | | | | | | | | | |
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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> | | | | | | | | | | | | | | | | | | | | | |

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>1/8/2019</u> | <u>MS</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.

Shannon Sprang
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

Thank you for selecting Pioneer for your event!