

Building Utilization Request

Pioneer

CAREER & TECHNOLOGY CENTER

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>1-4,1-5,1-7,1-8,1-11,1-12,1-14</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>1/15/2020</u> <u>M,T,Th,F</u>				December 14, 2020
Event Time(s) <u>7:45 am - 2:45 pm</u>		7:45 AM	2:45	Room(s) / Area Requested:
Name of Organization and Event Being Held OST Testing		Number of Persons Attending Meeting 30/20		DLTC and Community Room
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Dan Dornbirer</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42253</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<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 _____ Internet Access _____ 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: _____ _____ _____		
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

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>12/14/2020</u>	<u>MYB</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.

[Signature]
Signature (person in charge of activity)

Date: 12/14/2020

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