

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) 9/19/17 & 9/27/17		Setup Time	Tear Down Time	Date Request Submitted																								
Activity: Day(s) Tues & Wed				August 31, 2017																								
Event Time(s) 8-10:30am & 12-1:50 pm		7:30 AM	2:00 PM	Room(s) / Area Requested:																								
Name of Organization and Event Being Held ECE- Preschool Developmental Screenings		Number of Persons Attending Meeting 40		W164																								
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																										
Contact Person: Danielle Ash		Business Name: _____																										
Phone Numbers: Home: _____		Contact Person: _____																										
Work: EXT 42600 Cell: _____		Phone Number: _____																										
Address: _____		Address: _____																										
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) Yes or No																										
<table border="0"> <tr> <td><u>Café</u> OR</td> <td></td> </tr> <tr> <td><u>Room Setup</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> </tr> <tr> <td></td> <td><u>Drinks</u></td> </tr> <tr> <td></td> <td><u>Snacks</u></td> </tr> <tr> <td></td> <td><u>Breakfast</u></td> </tr> <tr> <td></td> <td><u>Luncheon</u></td> </tr> <tr> <td></td> <td><u>Dinner</u></td> </tr> </table>		<u>Café</u> OR		<u>Room Setup</u>	<u>Culinary Arts</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Coat Racks</u>	<u>Internet Access</u>		<u>Drinks</u>		<u>Snacks</u>		<u>Breakfast</u>		<u>Luncheon</u>		<u>Dinner</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
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For specific room setup, see attached design: (check one) Yes or x No		Other/Specify: _____																										
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																										

Part II To be completed by PCTC Personnel

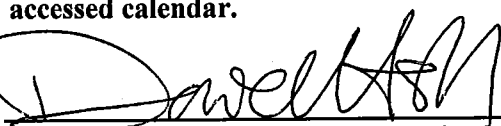
Estimate Calculation of Fees: Attach any pertinent papers.		
Rental		
Custodial Services		
Food Services		
Other		
Total Fee Estimate		
Note: Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: Pioneer CTC		
Action Taken	Date	By
Approved and Booked	9/1/2017	MSB
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 (person in charge of activity)

Date: **8-31-17**

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