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) August 14, 2020 | Setup Time | Tear Down | Date Request Submitted | |
| Activity: Day(s) Friday | | Time | June 3, 2020 | |
| Event Time(s) 7:00 am to 12:30 pm | 6:30 AM | 12:30 PM | Room(s) / Area Requested: | |
| Name of Organization and Event Being Held | | of Persons | Exercise Science Lab and | |
| Van Driver/Bus Driver Physicals | | Attending Meeting Criminal Justice Lab | | |
| | | 70+ | 1 | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Karen Donahue/Mary Lee Barr | Business N | Business Name: AVITA | | |
| Phone Numbers: Home: | Numbers: Home: Contact Per | | erson: | |
| Work: Cell: | | Phone Number: | | |
| | Address: | Address: | | |
| PCTC Requested Services: (Identify No. Needed) | | If specific hookup/utility needs are required see attached: | | |
| <u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Art</u> | | (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: | | |
| x Chairs Microphone Drinks | | if areas could be open and lights on by 6:30 am | | |
| x Tables Ovrhd. Proj. Snacks | | Other/Specify: set up 8/13/2020 if needed | | |
| Chalkboard Video Camera Breakfa | _ | will check room use with Mike Millward, | | |
| Lectern Video Recorder Lunched | | Dan George and Eric Winbigler | | |
| Coat Racks Internet Access Dinner | | Avita staff will be here 6:30 am | | |
| For specific room setup, see attached design: (check one) | | Date of contact with Cafeteria/Culinary Arts Services | | |
| | | if used for this event: | | |
| Part II - To be completed by PCTC Personnel | | Responsibility Notice | | |
| | | <u> </u> | | |
| Estimate Calculation of Fees: Attach any pertinent paper | | It is understood that our organization assumes full responsibility for any damage to the building and | | |
| Rental | | equipment. | | |
| Custodial Services | | | | |
| Food Services | | A Security Deposit in the amount of \$is required to confirm scheduling. This will be | | |
| Other | | applied to final invoice upon satisfactory complete of | | |
| Note: Final invoice billing based upon actual costs | 1 | event/activity. | | |
| following the event/activity. | | | | |
| Upon receipt of invoice, please make check payable | 4 | Any and all information on this form may be | | |
| Pioneer CTC | Sharea | shared with the public through our publicly accessed calendar. | | |
| Action Taken Date By | | | Λ | |
| Approved and Booked 6/3/2020 MA | T K | aren Da | natue | |
| Billed for Services | | Signature (person in charge of activity) Date: JUL 3, 2020 | | |
| Referred to Board | Date: | sure | y ww | |

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!