

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) June 29-Aug14, 2020		Setup Time	Tear Down Time	Date Request Submitted June 24 2020
Activity: Day(s)				Room(s) / Area Requested: Cosmetology Labs
Event Time(s)				
Name of Organization and Event Being Held Prep for Cosmetology State Board Testing		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jolene Young & Cos Instructors		Business Name: Cosmetology--Ransom & Daugherty		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: 419 631-5224		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: Instructors will notify Karen and/or Mary Lee by email or text/call before they will be in the building.		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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	6/24/2020	JYB
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.

Jolene Young
Signature (person in charge of activity)

Date: 6/24/2020

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

6/24/2020 - Jolene texted Carey, Darlene + Nicole about form being done + to Nike highlighted instructions. In addition to signing in @ HS front office + disinfecting areas are disinfecting.