

Building Utilization Request



Pioneer Career and Technology Center

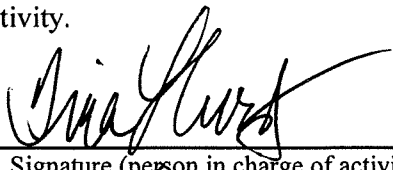
ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

UPDATED 7/28/20

Part I - To be completed by organization requesting building utilization

| | | | | |
|---|-----------------------|---|----------------|--|
| Date(s) <u>9/4/2020 9/10 & 9/11</u> | | Setup Time | Tear Down Time | Date Request Submitted June 10, 2020 |
| Activity: Day(s) <u>Thursday & Friday</u> | | | | Room(s) / Area Requested: Arena |
| Event Time(s) 7:30 am - 2:25 pm | | | | |
| Name of Organization Picture Day | | Number of Persons Attending Meeting 950+ | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Tina Hurst, ext. 42200 | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: _____ Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| Room Setup | Electronic | Café/Culinary Arts | | |
| 4 Chairs | _____ Microphone | _____ Drinks | | |
| 4 Tables | _____ Ovrhd. Proj. | _____ Snacks | | |
| _____ Chalkboard | _____ Video Camera | _____ Luncheon | | |
| _____ Lectern | _____ Video Recorder | _____ Dinner | | |
| _____ Coat Racks | _____ Internet Access | | | |
| For specific room setup, see attached design: (check one) | | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> | | |
| x Yes or <u>No</u> | | Estimated time of arrival at Pioneer for setup/delivery: 6:30 AM | | |
| | | Other/Specify: 3 tables lined up next to stage area; cameras will need to plug in. 4th table located just inside Arena entrance for check in | | |
| | | 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 | | | <h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p> Signature (person in charge of activity)</p> <p>Date: <u>6/10/20</u></p> | | |
| Action Taken | Date | By | | | |
| Approved and Booked | <u>8/6/2020</u> | <u>THS</u> | | | |
| Billed for Services | | | | | |
| Referred to Board | | | | | |

Thank you for selecting Pioneer for your event!

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.