

Building Utilization Request



Pioneer Career and Technology Center

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

lyh

Part I - To be completed by organization requesting building utilization

Date(s) November 9 & 10		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Monday & Tuesday				September 17, 2020
Event Time(s) 9:00 am to 1:00 pm		8:30 am	1:15 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held SkillsUSA Fall Leadership Virtual Conference		Number of Persons Attending Meeting Max 18		Community Room C109
Address Pioneer SkillsUSA W123		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Christi Smith		Business Name: N/A		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42987 Cell: 419 571-3525		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed) Front facing seats, Spaced for Social Distance <input checked="" type="checkbox"/> Café OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast <input checked="" type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks <input checked="" type="checkbox"/> Internet Access _____ Dinner For specific room setup, see attached design: (check one) Seating chart will be submitted <input type="checkbox"/> Yes or <input type="checkbox"/> No ~October 26		Address: _____ If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ 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	9/18/2020	<i>myb</i>
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.

Jolene Y
Signature (person/in charge of activity)

Date: 9/17/2020