

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) <u>12-9-2020</u>	Setup Time <u>8:30</u>	Tear Down Time <u>1:00</u>	Date Request Submitted
Activity: Day(s) <u>Wednesday</u>			
Event Time(s) <u>PD</u>			

Name of Organization and Event Being Held <u>NAMI Presentation</u>	Number of Persons Attending Meeting <u>30</u>	Room(s) / Area Requested: <u>DLTC</u>
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Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
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Contact Person:	Business Name:
Phone Numbers: Home: Work:	Contact Person:
	Phone Number:
	Address:

PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>
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Room Setup	Electronic	Café OR Culinary Arts
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<input type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
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<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
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<input type="checkbox"/> Chalkboard	<input checked="" type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast
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<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon
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<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner
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For specific room setup, see attached design: (check one)

<u>Yes</u> or <u>No</u>

Estimated time of arrival at Pioneer for setup/delivery:
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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.
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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:
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Pioneer CTC

Action Taken	Date	By
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Approved and Booked	<u>12/8/2020</u>	<u>WPH</u>
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Billed for Services		
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Referred to Board		
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It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and
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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: 12-20-2020

Thank you for selecting Pioneer for your event!

Building Utilization Request

Pioneer

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) 12/9/20		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____				December 8, 2020
Event Time(s) 9, 11, 1:15				Room(s) / Area Requested:
Name of Organization and Event Being Held Nami Presentation to staff		Number of Persons Attending Meeting 30 each meeting		DLTC
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Karrie Davisson		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input checked="" 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 checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		No Setup needed. Meghan Niswander and Shannon Sprang will be helping set up. Guest speakers will arrive at 8:30 via the board entrance. 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		
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: _____

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