

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>3/13/16 - 3/24/16 17</u>		Setup Time	Tear Down Time	Date Request Submitted August 2, 2016														
Activity: Day(s) MON-FRI				Room(s) / Area Requested: DLTC														
Event Time(s) All Day																		
Name of Organization and Event Being Held OGT TESTING		Number of Persons Attending Meeting																
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																
Contact Person: Mindy Owen		Business Name: _____																
Phone Numbers: Home: _____		Contact Person: _____																
Work: Ext 42250 Cell: _____		Phone Number: _____																
PCTC Requested Services: (Identify No. Needed)		Address: _____																
<table border="0"> <tr> <td><u>Café</u> OR</td> <td></td> </tr> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u> <u>Culinary Arts</u></td> </tr> <tr> <td>34 Chairs</td> <td><u>Microphone</u> <u>Drinks</u></td> </tr> <tr> <td>17 Tables</td> <td><u>Ovrhd. Proj.</u> <u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u> <u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u> <u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u> <u>Dinner</u></td> </tr> </table>		<u>Café</u> OR		<u>Room Setup</u>	<u>Electronic</u> <u>Culinary Arts</u>	34 Chairs	<u>Microphone</u> <u>Drinks</u>	17 Tables	<u>Ovrhd. Proj.</u> <u>Snacks</u>	<u>Chalkboard</u>	<u>Video Camera</u> <u>Breakfast</u>	<u>Lectern</u>	<u>Video Recorder</u> <u>Luncheon</u>	<u>Coat Racks</u>	<u>Internet Access</u> <u>Dinner</u>	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: _____ _____ _____ _____		
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For specific room setup, see attached design: (check one) X Yes or <u>No</u>		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	<u>8/4/16</u>	<u>MWO</u>
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.

Mindy Owen

Signature (person in charge of activity)

Date: 8/2/16

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