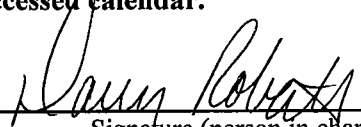


Building Utilization Request



Pioneer Career and Technology Center

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

Date(s) 3/27 - 4/2/2017		Setup Time All day	Tear Down Time All day	Date Request Submitted January 20, 2017
Activity: Day(s) Mon - Sun				Room(s) / Area Requested: Arena and DLTC
Event Time(s) All Day				
Name of Organization and Event Being Held Prom		Number of Persons Attending Meeting TBD		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Dawn Roberts		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 419 347-7744 Cell: 419 512-4140		Phone Number: _____		
		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) Yes or No		
<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		
<input checked="" 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 checked="" type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner		
For specific room setup, see attached design: (check one) Yes or 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		Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent papers.		It is understood that our organization assumes full responsibility for any damage to the building and equipment.		
Rental		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.		
Custodial Services				
Food Services				
Other				
Total Fee Estimate				
Note: Final invoice billing based upon actual costs following the event/activity.		Any and all information on this form may be shared with the public through our publicly accessed calendar.		
Upon receipt of invoice, please make check payable to: Pioneer CTC		 Signature (person in charge of activity) Date: 20 Jan 17		
Action Taken	Date	By		
Approved and Booked	1/23/2017	WLB		
Billed for Services				
Referred to Board				

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.