Building Utilization Request



Pioneer Career and Technology Center ATTN: Director of Business Affairs

27 Ryan Road, Shelby, OH 44875

Part I - To be comple	ted by organizati	on requestir	ig b	uilding uti	lization 🗐 🛴		
Date(s) 10/3/2017			Setup Time		Tear Down	Date Request Submitted	
Activity: Day(s) Tuesday					Time	June 12, 2017	
Event Time(s	;) 7:30-10:30 aı	m		7:00	10:45	Room(s) / Area Requested:	
Name of Organization				Number of Persons Arena			
Lifetouch Picture Retake Day				Attending Meeting			
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:			
				Address:			
PCTC Requested Services: (Identify No. Needed)				If specific hookup/utility needs are required see attached:			
Room Setup <u>Electronic</u> <u>Café/Culinary Arts</u>			<u>rts</u>	(check one)Yes orNo			
4 Chairs N	Microphone	Drinks		Estimated time of arrival at Pioneer for setup/delivery:			
3 Tables(Ovrhd. Proj.	Snacks		7:00			
Chalkboard V	Video Camera	Lunched	n	Other/Specify: Two tables lined up next to stage			
LecternV	Video Recorder	Dinner		Cameras will need to plug in; 3rd table just inside			
Coat RacksInternet Access				arena doors for check in			
For specific room setup, see attached design: (check one)				Date of contact with Cafeteria/Culinary Arts Services			
<u>x</u> Yes or No				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							
Custodial Services							
Food Services				A Coouni	to Domonit im ti		
Other Total Fee Estimate				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.			
Note: Final invoice billing based upon actual costs							
following the event/activity.							
Upon receipt of invoice, please make check payable to:			o:				
Pioneer CTC				TUMBU			
Action Taken	Date	By			Signature (pers	on in charge of activity)	
Approved and Booked	6/15/17	6		Date:			
Billed for Services							
Referred to Board				Thank y	ou for select	ing Pioneer for your event!	