

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>1/25 and 1/26 SNOW DAY 2/23</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Friday and Saturday</u>				<u>August 30, 2018</u>
Event Time(s)		<u>2:25p</u>		Room(s) / Area Requested:
Name of Organization and Event Being Held HOSA Regional Leadership Conference		Number of Persons Attending Meeting 400		Entire building (arena, café, 2nd floor, classrooms, labs main office conference, community room, DLTC,
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Café</u> OR <u>Culinary Arts</u> Room Setup Electronic <u>Café</u> OR <u>Culinary Arts</u> <u>x</u> Chairs <u>x</u> Microphone <u>x</u> Drinks <u>x</u> Tables <u>x</u> Ovrhd. Proj. <u>x</u> Snacks <u> </u> Chalkboard <u> </u> Video Camera <u> </u> Breakfast <u> </u> Lectern <u> </u> Video Recorder <u>x</u> Luncheon <u> </u> Coat Racks <u>x</u> Internet Access <u> </u> Dinner		If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No		
For specific room setup, see attached design: (check one) <u> </u> Yes or <u> </u> No		Estimated time of arrival at Pioneer for setup/delivery: <u>Sat 1/26 5:45a</u>		
		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>In progress</u>		

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

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.

Action Taken	Date	By
Approved and Booked	9/6/18	NYB
Billed for Services		
Referred to Board		

Signature (person in charge of activity)
Date: 8/30/2018

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