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 requesti | ing bi | ulding u | tilization | |
|--|-------------------|-------------|---------|--|------------------------|-----------------------------|
| Date(s) 21-Sep-18 | | Setu | ıp Time | Tear Down | Date Request Submitted | |
| Activity: Day(s) Friday | | | | | Time | September 14, 2018 |
| Event Time(s) 8:50-10:20 | | | | | , | Room(s) / Area Requested: |
| Name of Organization | | | | Number o | | Community Room |
| HOSA | | | | Attending Meeting | | |
| | | | | 90 | | |
| 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: | | | F | Phone Number: | | |
| | | | | Address: | | |
| PCTC Requested Services: (Identify No. Needed) | | | | If specific hookup/utility needs are required see attached: | | |
| Room Setup Electronic Café or Culinary Arts | | | Arts (| (check one)Yes orNo | | |
| 90 ChairsMicrophone (circle one) | | | I | Estimated time of arrival at Pioneer for setup/delivery: | | |
| Tables C | ovrhd.Proj | Drinks | | | | |
| Chalkboard Video Camera Snacks | | | | Other/Specify: Please set up chairs in rows facing | | |
| Lectern Video Recorder Luncheon | | | on | the dry erase board in the front of the room. | | |
| Coat Racks Internet Access Dinner | | | | - | | |
| For specific room setup, see attached design: (check one) | | | | Date of contact with Cafeteria/Culinary Arts Services | | |
| 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 Security Deposit in the amount of \$is required to confirm scheduling. This will be | | |
| Other | | | | | | |
| Total Fee Estimate | | | | applied to final invoice upon satisfactory complete of | | |
| Note: Final invoice billing based upon actual costs | | | | event/ac | tivity. | |
| following the event/activity. | | | | Anyana | d all informat | ion on this form may be |
| Upon receipt of invoice, please make check payable to: | | | | Any and all information on this form may be shared with the public through our publicly | | |
| Pioneer CTC | | | | accessed calendar. | | |
| Action Taken | Date | By | | / | | |
| Approved and Booked | 9/18/2018 | NYB | | 11-1 | | |
| Billed for Services | | | | | _ | son in charge of activity) |
| Referred to Board | | | | Date: 28-Sep-15 7/17/ | | |
| | r Career & Techno | logy Center | to 88 | | | ting Planear for your event |

use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.