

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) January 23th		Setup Time	Tear Down Time	Date Request Submitted January 8, 2018																		
Activity: Day(s) Wednesday				Room(s) / Area Requested: Daugherty Cosmetology Lab																		
Event Time(s) 2:30 - 3:00																						
Name of Organization and Event Being Held Senior in Cosmetology doing a braiding class for Senior project			Number of Persons Attending Meeting																			
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: Jewel Prater			Business Name: _____																			
Phone Numbers: Home: _____			Contact Person: _____																			
Work: _____ Cell: 419 681-0177			Phone Number: _____																			
PCTC Requested Services: (Identify No. Needed)			Address: _____																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table>			<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input 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 type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>			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.

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	1/8/2019	WLB
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.

Signature (person in charge of activity)

Date: _____

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