

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) Nov 24 2015	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday			September 21 2015
Event Time(s) 6:00 PM	2:25 PM	8:00 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held ECE- Preschool Thanksgiving Feast		Number of Persons Attending Meeting 200	Cafeteria
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Danielle Ash		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: ext 42600 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
Room Setup Electronic <u> </u> Café OR <u> </u> Culinary Arts <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <u> </u> Drinks <input checked="" type="checkbox"/> Tables <u> </u> Ovrhd. Proj. <u> </u> Snacks <u> </u> Chalkboard <u> </u> Video Camera <u> </u> Breakfast <u> </u> Lectern <u> </u> Video Recorder <u> </u> Luncheon <u> </u> Coat Racks <u> </u> Internet Access <u> </u> Dinner		If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____	
For specific room setup, see attached design: (check one) <u> </u> Yes or <input checked="" type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	

Part II - To be completed by PCTC Personnel

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	9/21/15	[Signature]
Billed for Services		
Referred to Board		

Responsibility Notice

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: **9-21-15**

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