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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) 9/30/2015		Setup Time 7:45 AM	Tear Down Time 10:00	Date Request Submitted June 10, 2015
Activity: Day(s) Thursday Wednesday				Room(s) / Area Requested: Arena
Event Time(s) 8:30 AM 8:15		Name of Organization Jostens Senior Meeting (Grad. Announcements)		Number of Persons Attending Meeting Senior Class 450
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Blake Williams		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: 419 258-0740		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	Electronic	Café/Culinary Arts		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	_____ Drinks		
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____ Snacks		
_____ Chalkboard	_____ Video Camera	_____ Luncheon		
<input checked="" type="checkbox"/> Lectern	_____ Video Recorder	_____ Dinner		
_____ Coat Racks	_____ Internet Access			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input type="checkbox"/> Yes or <input type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: Blake will be doing a PowerPoint screens down; 2 rows of chairs/center aisle Mtg. begins approx. 8:30 am		
		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			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><i>[Signature]</i> Signature (person in charge of activity) Date: 6/10/15</p>		
Action Taken	Date	By	<p align="center">Thank you for selecting Pioneer for your event!</p>		
Approved and Booked	6/11/15	<i>[Signature]</i>			
Billed for Services					
Referred to Board					

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.