

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

JK

Part I - To be completed by organization requesting building utilization

Date(s) November 20, 2015		Setup Time	Tear Down Time	Date Request Submitted	
Activity: Day(s) Friday				September 23, 2015	
Event Time(s) 8-10:30				Room(s) / Area Requested:	
Name of Organization HOSA		Number of Persons Attending Meeting		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>Room Setup</u>	<u>Electronic</u>	<u>Café or Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	(circle one)		Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	Other/Specify: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks	_____		
<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	_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____			
<input type="checkbox"/> Yes or <input type="checkbox"/> No					

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

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.

Action Taken	Date	By
Approved and Booked	10/10/15	<i>[Signature]</i>
Billed for Services		
Referred to Board		

[Signature]
Signature (person in charge of activity)

Date: 9/15/15

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!