

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) 10/1/2015		Setup Time 8:00 AM	Tear Down Time 1:30 PM	Date Request Submitted June 10, 2015																		
Activity: Day(s) Thursday				Room(s) / Area Requested: Community Room																		
Event Time(s) 10:45-12:00		Name of Organization Partner School Principals Meeting																				
Address		Number of Persons Attending Meeting 30																				
Contact Person: _____ Phone Numbers: Home: _____ Work: _____ Cell: _____		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																				
PCTC Requested Services: (Identify No. Needed) <table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td>Café/Culinary Arts</td> </tr> <tr> <td>30 Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td>x Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Luncheon</td> </tr> <tr> <td>x Lectern</td> <td>___ Video Recorder</td> <td>___ Dinner</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td></td> </tr> </table>		Room Setup	Electronic	Café/Culinary Arts	30 Chairs	___ Microphone	___ Drinks	x Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Luncheon	x Lectern	___ Video Recorder	___ Dinner	___ Coat Racks	___ Internet Access		If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: Culinary will provide luncheon; details confirmed with Chef Weibel as event approaches		
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For specific room setup, see attached design: (check one) ___ Yes or ___ No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: June 10, 2015																				

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 style="text-align: center;">  Signature (person in charge of activity) </p> <p>Date: 6/10/15</p>		
Action Taken	Date	By	Thank you for selecting Pioneer for your event!		
Approved and Booked	6/10/15	J			
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.