

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) 18-Nov-15 | | Setup Time | Tear Down Time | Date Request Submitted | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) Wednesday | | | | October 26, 2015 | | | | | | | | | | | | | | | | | | |
| Event Time(s) 3pm-6pm | | Room(s) / Area Requested: Junior/Senior Labs | | | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held Cosmetology/ Spa night with Haircuts | | Number of Persons Attending Meeting 30 students/clients | | | | | | | | | | | | | | | | | | | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | | | | | | | | | | | | | | | | | | |
| Contact Person: Daugherty/Tocash | | Business Name: _____ | | | | | | | | | | | | | | | | | | | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | | | | | | | | | | | | | | | | | | | |
| Work: _____ Cell: _____ | | Phone Number: _____ | | | | | | | | | | | | | | | | | | | | |
| Address: _____ | | Address: _____ | | | | | | | | | | | | | | | | | | | | |
| PCTC Requested Services: (Identify No. Needed) | | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> | | | | | | | | | | | | | | | | | | | | |
| <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><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table> | | <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | <u>Chairs</u> | <u>Microphone</u> | <u>Drinks</u> | <u>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</u> | Estimated time of arrival at Pioneer for setup/delivery: _____ | | |
| <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | | | | | | | | | | | | | | | | | | | | |
| <u>Chairs</u> | <u>Microphone</u> | <u>Drinks</u> | | | | | | | | | | | | | | | | | | | | |
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| <u>Coat Racks</u> | <u>Internet Access</u> | <u>Dinner</u> | | | | | | | | | | | | | | | | | | | | |
| For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u> | | 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

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: _____

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 | 10/26/15 | [Signature] |
| 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.

Thank you for selecting Pioneer for your event!

Revised 07/15