

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) 11/23/2015	Setup Time	Tear Down Time	Date Request Submitted November 18, 2015																					
Activity: Day(s) Monday			Room(s) / Area Requested: Cafeteria																					
Event Time(s) 12:10 - 1:00 pm																								
Name of Organization and Event Being Held Graphic Arts Junior Class Pizza Party		Number of Persons Attending Meeting 25																						
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																						
Contact Person: Bill Dichtl		Business Name: _____																						
Phone Numbers: Home: _____		Contact Person: _____																						
Work: 42711 Cell: _____		Phone Number: _____																						
PCTC Requested Services: (Identify No. Needed)		Address: _____																						
<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> <u>Room Setup</u></td> <td><input type="checkbox"/> <u>Electronic</u></td> <td><input type="checkbox"/> <u>Café</u> OR</td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> <u>Culinary Arts</u></td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Dinner</td> </tr> </table>		<input type="checkbox"/> <u>Room Setup</u>	<input type="checkbox"/> <u>Electronic</u>	<input type="checkbox"/> <u>Café</u> OR	<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> <u>Culinary Arts</u>	<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	<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"/> Breakfast	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon			<input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____	
<input type="checkbox"/> <u>Room Setup</u>	<input type="checkbox"/> <u>Electronic</u>	<input type="checkbox"/> <u>Café</u> OR																						
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> <u>Culinary Arts</u>																						
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks																						
<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"/> Breakfast																						
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon																						
		<input type="checkbox"/> Dinner																						
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																						

Part II - To be completed by PCTC Personnel **Responsibility Notice**

Estimate Calculation of Fees: Attach any pertinent papers. Rental _____ Custodial Services _____ Food Services _____ Other _____ <p style="text-align: center;">Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> Upon receipt of invoice, please make check payable to: <p style="text-align: center;">Pioneer CTC</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>11/18/2015</td> <td><i>[Signature]</i></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	11/18/2015	<i>[Signature]</i>	Billed for Services			Referred to Board			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. <p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p> <p style="text-align: center;"><i>Donald Padula for</i> Bill Dichtl</p> <p style="text-align: center;">Signature (person in charge of activity)</p> Date: <u>11/18/15</u>
Action Taken	Date	By											
Approved and Booked	11/18/2015	<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. **Thank you for selecting Pioneer for your event!**