

DC

# 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) <b>10/2/2015</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday</b>				<b>June 10, 2015</b>
Event Time(s) <b>8:30-9:15</b>		Room(s) / Area Requested: <b>Board Parking Lot, Need access to the roof</b>		
Name of Organization <b>Lifetouch Senior Panoramic Picture Day</b>		Number of Persons Attending Meeting <b>Senior Class</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Tina Hurst, ext. 42202</b>		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>  </u> Yes or <u>  </u> No		
Room Setup	Electronic	Café/Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery:
<u>  </u> Chairs	<u>  </u> Microphone	<u>  </u> Drinks		<b>8:00</b>
<u>  </u> Tables	<u>  </u> Ovrhd. Proj.	<u>  </u> Snacks		Other/Specify: <b>CAD will provide layout for</b>
<u>  </u> Chalkboard	<u>  </u> Video Camera	<u>  </u> Luncheon		<b>Senior Picture</b>
<u>  </u> Lectern	<u>  </u> Video Recorder	<u>  </u> Dinner		_____
<u>  </u> Coat Racks	<u>  </u> Internet Access			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
For specific room setup, see attached design: (check one)				
<input checked="" 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 ..... <b>Total Fee Estimate</b> .....			<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>Tina Hurst</i> Signature (person in charge of activity)</p> <p>Date: <u>6/10/15</u></p> <p><b>Thank you for selecting Pioneer for your event!</b></p>										
Note: Final invoice billing based upon actual costs following the event/activity.													
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>													
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>6/11/15</td> <td>J</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	6/11/15	J	Billed for Services			Referred to Board		
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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.