

Building Utilization Request



Pioneer Career and Technology Center

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

M

Part I - To be completed by organization requesting building utilization

Date(s) 12/2/2015	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday			Nov 17 2015
Event Time(s) 9 - 10 am & 12:30 -1:30	8:30 AM	1:30 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held ECE - Breakfast & lunch with Santa	Number of Persons Attending Meeting 50		Cafeteria
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Danielle Ash	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: ext 42600 Cell: _____	Phone Number: _____		
	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>		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u>	Other/Specify: _____		
<input checked="" type="checkbox"/> Tables <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>	_____		
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input checked="" type="checkbox"/> Yes or <u>No</u>			

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

Action Taken	Date	By
Approved and Booked	11/17/15	<i>[Signature]</i>
Billed for Services		
Referred to Board		

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.

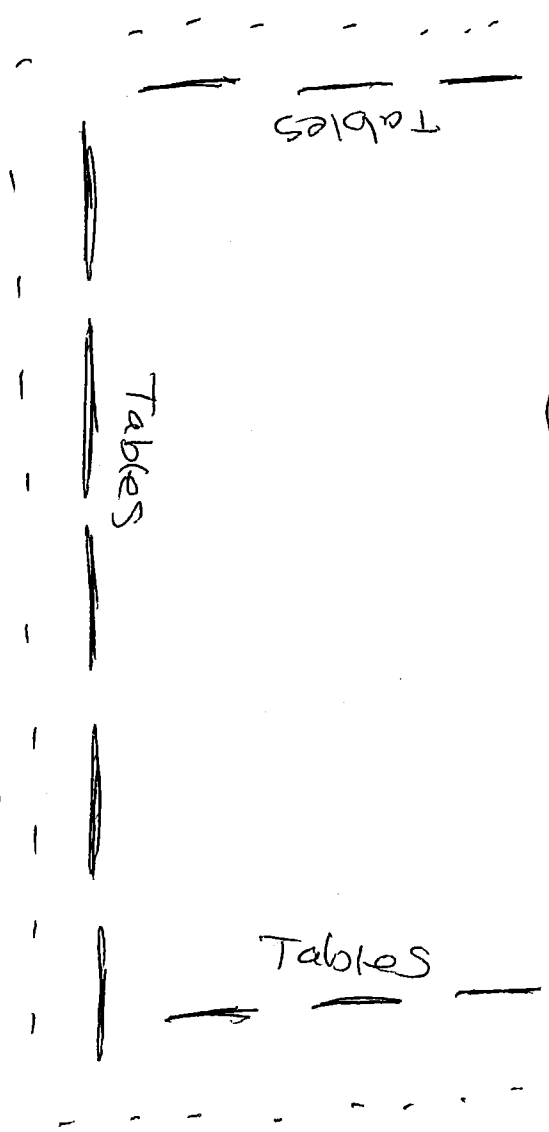
Signature (person in charge of activity) _____
[Signature]

Date: 11-17-15

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!

The wall with Pine tree Painted



Chairs & tables for

50 people

Please