

Building Utilization Request



Pioneer Career and Technology Center
 ATTN: Director of Business Affairs
 27 Ryan Road, Shelby, OH 44875

WJ

Part I - To be completed by organization requesting building utilization

Date(s) <u>May 20-21</u> <i>2016</i> Activity: Day(s) <u>Friday Evening set up Saturday - reception</u> Time(s) <u>TBA (need to schedule wedding times) ALL DAY</u>	Date Request Submitted <u>January 8, 2016</u> Room(s) / Area Requested: <u>ARENA 225</u>																		
Name of Organization <u>Ms. Meisse - Lane Wedding</u>	Number of Persons Attending Meeting <u>225</u>																		
Address <u>195 Mohican Trail Lex Oh 444904</u>	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) <u>DJ King</u> Contact Person: <u>Dustin Knipp groom contact</u> Phone Number: _____ Address: _____																		
Contact Person: <u>Lindi Lane</u> Phone Numbers: Home: _____ Work: _____ Cell: <u>419 688-9228</u>	Business Name: <u>DJ King</u> Contact Person: <u>Dustin Knipp groom contact</u> Phone Number: _____ Address: _____																		
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border: none;"> <tr> <td style="border: none;"><u>Room Setup</u></td> <td style="border: none;"><u>Electronic</u></td> <td style="border: none;"><u>Café/Culinary Arts</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Chairs</td> <td style="border: none;"><input type="checkbox"/> Microphone</td> <td style="border: none;"><input type="checkbox"/> Drinks</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Tables</td> <td style="border: none;"><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td style="border: none;"><input type="checkbox"/> Snacks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chalkboard</td> <td style="border: none;"><input type="checkbox"/> Video Camera</td> <td style="border: none;"><input type="checkbox"/> Luncheon</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lectern</td> <td style="border: none;"><input type="checkbox"/> Video Recorder</td> <td style="border: none;"><input type="checkbox"/> Dinner</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Coat Racks</td> <td style="border: none;"><input checked="" type="checkbox"/> Internet Access</td> <td></td> </tr> </table> For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner	<input checked="" type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access		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: <u>Blue Chairs Blue Chairs</u> <u>only per J Meisse</u> Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
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Part II - To be completed by PCTC Personnel

Responsibility Notice

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

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.

Action Taken	Date	By
Approved and Booked	<u>1/19/2016</u>	<u>WJB</u>
Billed for Services		
Referred to Board		

Signature (person in charge of activity) _____
 Date: _____

Thank you for selecting Pioneer for your event!