

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) <u>2/29/2016</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Monday</u>				<u>January 11, 2016</u>
Event Time(s) <u>6 - 7 pm</u>		<u>4:30 PM</u>	<u>7:00 PM</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held ECE - Feb Literacy Parent Event		Number of Persons Attending Meeting 100		Arena
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Danielle Ash</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>ext 42600</u> 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>		
<u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____			
<input checked="" type="checkbox"/> Room Setup	<input checked="" type="checkbox"/> Electronic	Other/Specify: _____		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	_____		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
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 <input type="checkbox"/> No				

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

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental _____</p> <p>Custodial Services _____</p> <p>Food Services _____</p> <p>Other _____</p> <p style="text-align: center;">Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>	<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>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>
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Action Taken	Date	By
Approved and Booked	<u>1/14/2016</u>	<u>MLB</u>
Billed for Services		
Referred to Board		

Danielle Ash
Signature (person in charge of activity)

Date: 1-11-16

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!

Entrance

Table
Chairs

Table

Chairs all around
tables
2 8ft tables
put together

2 8ft tables
put together

2 8ft tables
put together

2 8ft tables
put together

2 8ft tables
put together

Table

Chairs for
120 people

mic
chair

Stage