

OK BY DAN DUMBLER

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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) 16-Mar	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s)			February 23, 2016
Event Time(s) 8:00	7:30	12:30	Room(s) / Area Requested:
Name of Organization and Event Being Held EMA - Emergency Exersice Design Meeting		Number of Persons Attending Meeting 30	Don Plotts Distance Learning Center
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Jim Calhoon		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>Yes</u> or <u>No</u>	
<input checked="" type="checkbox"/> Café OR	<input type="checkbox"/> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Other/Specify: _____	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	_____	
<input 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	_____	
<input checked="" type="checkbox"/> Drinks	<input type="checkbox"/> Snacks	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input type="checkbox"/> Breakfast	<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			

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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

James Calhoon
Signature (person in charge of activity)

Date: _____

Action Taken	Date	By
Approved and Booked	2/24/16	JCB
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!