

VSM

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>3/18/2016</u>		Date Request Submitted
Activity: Day(s) <u>Friday</u>		<u>March 11, 2016</u>
Time(s) <u>12:17-1:00</u>		Room(s) / Area Requested:
Name of Organization <u>HOSA</u>		<u>DLTC E131</u>
Number of Persons Attending Meeting <u>100</u>		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Melissa Myers</u>	Business Name: _____	
Phone Numbers: Home: _____	Contact Person: _____	
Work: _____ Cell: _____	Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)	Address: _____	
Room Setup <u>Electronic</u> <u>Café/Culinary Arts</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>x No</u>	
<u>Chairs</u> <u>Microphone</u> <u>Drinks</u>	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u>	Other/Specify: _____	
<u>Chalkboard</u> <u>Video Camera</u> <u>Luncheon</u>	_____	
<u>Lectern</u> <u>Video Recorder</u> <u>Dinner</u>	_____	
<u>Coat Racks</u> <u>Internet Access</u>	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		

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. _____ Signature (person in charge of activity) Date: <u>Melissa Myers</u>
Action Taken	Date	By	
Approved and Booked	<u>3/14/16</u>	<u>MS</u>	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!