

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) 4/29/2016		Setup Time	Tear Down Time	Date Request Submitted April 28, 2016
Activity: Day(s) Friday				Room(s) / Area Requested: Community Room
Event Time(s) 11:00-2:30		Name of Organization and Event Being Held Auto Tech, Home Remodeling and 40&8		
Address PCTC		Number of Persons Attending Meeting 25		
Contact Person: Dave Such		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: N/A		
PCTC Requested Services: (Identify No. Needed)		Contact Person: _____		
<input checked="" type="checkbox"/> Room Setup ^{OK AS} <input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u> <input checked="" type="checkbox"/> <u>Chairs</u> ^{AS} <input type="checkbox"/> <u>Microphone</u> <input type="checkbox"/> <u>Drinks</u> <input checked="" type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Snacks</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Video Recorder</u> <input type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Coat Racks</u> <input type="checkbox"/> <u>Internet Access</u> <input type="checkbox"/> <u>Dinner</u>		Phone Number: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Address: _____		
		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: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.

Rental **N/A**

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	4/28/2016	myb
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)


Date: **4/28/16**

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!