

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) May 17 2017		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday				June 3 2016
Event Time(s) 9-10 am 12:20-1:20 pm				Room(s) / Area Requested: Arena
Name of Organization ECE - Preschool Graduation Praticce		Number of Persons Attending Meeting 30		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Danielle Ash		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42600 Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No		
<u> </u> Room Setup	<u> </u> Electronic	<u> </u> Café/Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery: _____
<u> </u> Chairs	<u> </u> Microphone	<u> </u> Drinks		Other/Specify: _____
<u> </u> Tables	<u> </u> Ovrhd. Proj.	<u> </u> Snacks		_____
<u> </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			
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<u> </u> Yes or <u> </u> 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 _____

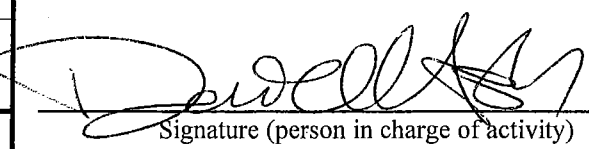
Total Fee Estimate _____

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.

Note: Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:
Pioneer CTC


Signature (person in charge of activity)

Action Taken	Date	By
Approved and Booked	6/6/2016	WJB
Billed for Services		
Referred to Board		

Date: 6-3-16

Thank you for selecting Pioneer for your event!

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.