

DC

Building Utilization Request



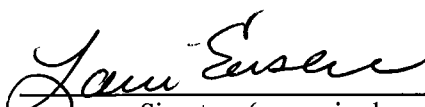
Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Part I To be completed by organization requesting building utilization

Date(s) Tuesday December 8, 2015		Date Request Submitted June 15, 2015
Activity: Day(s) _____		Room(s) / Area Requested: Pioneer Room
Time(s) Morning		
Name of Organization Christmas Counselor's Meeting	Number of Persons Attending Meeting 25	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Laurie Easler	Business Name: _____	
Phone Numbers: Home: _____	Contact Person: _____	
Work: #### 42257 Cell: _____	Phone Number: _____	
	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	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
For specific room setup, see attached design: (check one) <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 \$0.00 Custodial Services 0.00 Food Services Other Total Fee Estimate \$0.00			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: _____										
Note: Final invoice billing based upon actual costs following the event/activity.													
Upon receipt of invoice, please make check payable to: Pioneer CTC													
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>6/16/15</td> <td>[Signature]</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date		By	Approved and Booked	6/16/15	[Signature]	Billed for Services			Referred to Board		
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Thank you for selecting Pioneer for your event!