

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>12/21/2016</u>		Setup Time 8:30	Tear Down Time 2:15	Date Request Submitted June 2, 2016
Activity: Day(s) Friday				Room(s) / Area Requested: Community Room/ Cosmetology Lab
Event Time(s) lunch @10:45-2:00		Name of Organization Partner School Secretaries Luncheon		
Address		Number of Persons Attending Meeting 32		
Contact Person: Tina Hurst, ext. 42200		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: _____ Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Address: _____		
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Other/Specify: Culinary to provide lunch; details worked out with S. Weibel as event gets closer		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
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

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.

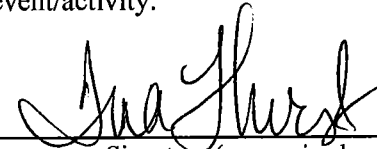
Upon receipt of invoice, please make check payable to:
Pioneer CTC

Action Taken	Date	By
Approved and Booked	6/8/16	TJF
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.


Signature (person in charge of activity)

Date: 6/7/16

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.