

Building Utilization Request



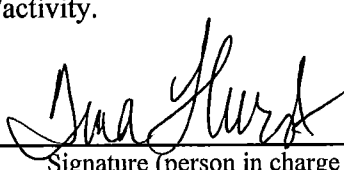

Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

Date(s) Thursday		Setup Time 12:30	Tear Down Time 8:00	Date Request Submitted June 2, 2015
Activity: Day(s) 4/20/2017				Room(s) / Area Requested: Cafeteria/ Comm. Room/ Labs
Event Time(s) 6:30 pm - 8:00 pm		Name of Organization Sophomore Orientation		
Address		Number of Persons Attending Meeting 500+		
Contact Person: Tina Hurst, ext. 42200		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____		
PCTC Requested Services: (Identify No. Needed)		Contact Person: _____		
Room Setup	Electronic	Phone Number: _____		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	Address: _____		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Other/Specify: final set up verified as event approaches; water bottles available-details confirmed with J. Fortman at a later time		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
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

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental</p> <p>Custodial Services</p> <p>Food Services</p> <p>Other</p> <p style="text-align: center;">Total Fee Estimate</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p style="text-align: center;">  Signature (person in charge of activity) </p> <p>Date: <u>6/7/16</u></p>		
Action Taken	Date	By			
Approved and Booked	6/8/16				
Billed for Services					
Referred to Board					

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.