

Building Utilization Request



Pioneer Career and Technology Center

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

VJW

Part I - To be completed by organization requesting building utilization

Date(s) 21-Sep-16		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) Wed.				July 14, 2016																					
Event Time(s) 7:00PM		2:30PM	9:00PM	Room(s) / Area Requested:																					
Name of Organization and Event Being Held Master Teacher Recognition		Number of Persons Attending Meeting 30		Pioneer Room																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: Jim Calhoon		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: #### 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																							
<table border="0"> <tr> <td>Room Setup</td> <td><u> </u> Electronic</td> <td><u> </u> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><u> </u> Microphone</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><u> </u> Ovrhd. Proj.</td> <td><u> </u> 30 Drinks</td> </tr> <tr> <td><u> </u> Chalkboard</td> <td><u> </u> Video Camera</td> <td><u> </u> Snacks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td><u> </u> Video Recorder</td> <td><u> </u> Breakfast</td> </tr> <tr> <td><u> </u> Coat Racks</td> <td><u> </u> Internet Access</td> <td><u> </u> Luncheon</td> </tr> <tr> <td></td> <td></td> <td><u> </u> Dinner</td> </tr> </table>		Room Setup	<u> </u> Electronic	<u> </u> Café OR	<input checked="" type="checkbox"/> Chairs	<u> </u> Microphone	<input checked="" type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Tables	<u> </u> Ovrhd. Proj.	<u> </u> 30 Drinks	<u> </u> Chalkboard	<u> </u> Video Camera	<u> </u> Snacks	<input checked="" type="checkbox"/> Lectern	<u> </u> Video Recorder	<u> </u> Breakfast	<u> </u> Coat Racks	<u> </u> Internet Access	<u> </u> Luncheon			<u> </u> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____		
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For specific room setup, see attached design: (check one)		Other/Specify: _____																							
<u> </u> Yes or <input checked="" type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																							

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>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>			<p>Responsibility Notice</p> <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>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>		
Action Taken	Date	By	<p>Signature (person in charge of activity)</p> <p>Date: <u>7/13/16</u></p>		
Approved and Booked	<u>8/4/16</u>	<u>[Signature]</u>			
Billed for Services					
Referred to Board					

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.

Thank you for selecting Pioneer for your event!