

# Building Utilization Request



# Pioneer Career and Technology Center

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

*WJW*

## Part I - To be completed by organization requesting building utilization

Date(s) <u>12/14/2016 12/15/2016</u>		Date Request Submitted																		
Activity: Day(s) <u>Wednesday &amp; Thursday</u> Event time: <u>Thurs 6 -7pm</u>		<u>August 24 2016</u>																		
Time(s) <u>Wed 8:30am to 2 pm (practice) Thur All day until 9 pm</u>		Room(s) / Area Requested:																		
Name of Organization <b>ECE - Preschool Christmas Program</b>	Number of Persons Attending Meeting <b>200</b>	<b>Arena Teachers lounge east for Santa Thurs 5:15 pm</b>																		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <u>Danielle Ash</u>	Business Name: _____																			
Phone Numbers: Home: _____	Contact Person: _____																			
Work: <u>ext 42600</u> Cell: _____	Phone Number: _____																			
PCTC Requested Services: (Identify No. Needed)	Address: _____																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café/Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>___ Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Dinner</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td></td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	___ Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Luncheon	___ Lectern	___ Video Recorder	___ Dinner	___ Coat Racks	___ Internet Access		If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No	
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or ___ No	Estimated time of arrival at Pioneer for setup/delivery: _____																			
	Other/Specify: _____																			
	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																			

## 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** \_\_\_\_\_

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

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

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.

*Danielle Ash*  
Signature (person in charge of activity)

Date: 8-24-16

Action Taken	Date	By
Approved and Booked	<u>8/25/16</u>	<i>MLB</i>
Billed for Services		
Referred to Board		

**Thank you for selecting Pioneer for your event!**

stage

2 tables

chairs  
enough for 200  
people

chairs

2 chairs

1 table by  
doors/entrance

2 tables

5 center barriers taken down  
from stage