

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) 11/21/2016		Setup Time 2:30 - 8:00	Tear Down Time 5:30 - 6:00	Date Request Submitted September 6, 2016
Activity: Day(s) Monday				Room(s) / Area Requested: COS. LAB
Event Time(s) 3:00- 5:30				
Name of Organization and Event Being Held COSMETOLOGY DEPT - Spa Night			Number of Persons Attending Meeting	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: _____			Business Name: _____	
Phone Numbers: Home: _____			Contact Person: _____	
Work: _____ Cell: _____			Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)			Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner			If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> 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

Estimate Calculation of Fees: Attach any pertinent papers.

Rental _____

Custodial Services 0

Food Services 0

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	9/6/2016	myb
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 \$ 0 is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Carey Pearce
Signature (person in charge of activity)

Date: 9/6/16

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!