

Building Utilization Request



Pioneer Career and Technology Center

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

RM

Part I - To be completed by organization requesting building utilization

Date(s) 9/20/2016	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) 9/20/2016	3:00 PM	6:00 PM	September 9, 2016
Event Time(s)			Room(s) / Area Requested:
Name of Organization and Event Being Held FCCLA District Rally Meeting		Number of Persons Attending Meeting 20	Community Room
Address 27 Ryan Road		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Matt Parr		Business Name: N/A	
Phone Numbers: Home: _____ Work: _____ Cell: _____		Contact Person: _____	
		Phone Number: _____	
		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	
<u> </u> Room Setup	<u> </u> Electronic	<u> </u> Café OR	Estimated time of arrival at Pioneer for setup/delivery: _____
20 Chairs	<u> </u> Microphone	<u> </u> Culinary Arts	Other/Specify: _____
11 Tables	<u> </u> Ovrhd. Proj.	<u> </u> Drinks	_____
<u> </u> Chalkboard	<u> </u> Video Camera	<u> </u> Snacks	_____
<u> </u> Lectern	<u> </u> Video Recorder	<u> </u> Breakfast	_____
<u> </u> Coat Racks	<u> </u> Internet Access	<u> </u> Luncheon	_____
<u> </u> Dinner			
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<u> </u> Yes or X No			

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.

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

Matthew R. Parr

Signature (person in charge of activity)

Date: **9-9-16**

Action Taken	Date	By
Approved and Booked	9/13/2016	<i>Kyle</i>
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!