

Building Utilization Request



Pioneer Career and Technology Center

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

vdu

Part I - To be completed by organization requesting building utilization

Date(s) <u>Oct 21st / Nov. 18</u>		Setup Time	Tear Down Time	Date Request Submitted <u>9-7-2016</u>
Activity: Day(s) <u>Dec 16th Feb 17th</u>				Room(s) / Area Requested: <u>DLTC</u>
Event Time(s) <u>8:30 - 10:30</u>				
Name of Organization and Event Being Held <u>FCC LA</u>			Number of Persons Attending Meeting <u>80</u>	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Becky Nichols</u>			Business Name: _____	
Phone Numbers: Home: _____			Contact Person: _____	
Work: _____ Cell: _____			Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)			Address: _____	
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	Other/Specify: _____	
<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 checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	_____	
For specific room setup, see attached design: (check one)			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input type="checkbox"/> Yes or <input type="checkbox"/> 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.

Signature (person in charge of activity)
Becky Nichols

Date: 9-7-2016

Action Taken	Date	By
Approved and Booked	<u>9/13/2016</u>	<u>WLB</u>
Billed for Services		
Referred to Board		