

** Please add this document to 8th grade tours on the calendar.*

WJ

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) Nov. 7 - 22, 2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Mon. 7th-Tues. 22nd				September 21, 2016
Event Time(s) varies by day				Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer's 8th Grade Tours		Number of Persons Attending Meeting 40-210	Café AM: 8:15-9:30: 7th-17th Arena 12-12:30: 14,17, 22 Comm Rm 12:00-2:30: 8th	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jim Sorenson and Randy Endsley		Business Name: _____		
Phone Numbers: Home: Jim x42922		Contact Person: _____		
Work: Randy x42256 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Chairs	Microphone	Estimated time of arrival at Pioneer for setup/delivery: _____		
Tables	Ovrhd. Proj.	Other/Specify: _____		
Chalkboard	Video Camera	_____		
Lectern	Video Recorder	_____		
Coat Racks	Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
For specific room setup, see attached design: (check one)				
<u>Yes</u> or <u>No</u>				

Part II - To be completed by PCTC Personnel

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			<p align="center">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> <p>_____</p> <p align="center">Signature (person in charge of activity)</p> <p>Date: _____</p>		
Action Taken	Date	By			
Approved and Booked	9/21/2016	<i>[Signature]</i>			
Billed for Services					
Referred to Board					