

Building Utilization Request



Pioneer Career and Technology Center

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

Handwritten initials: vsh

Part I - To be completed by organization requesting building utilization

| | | | | |
|---|---------------------------|---|----------------|---------------------------|
| Date(s) 8-Dec-16 | | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) Wednesday | | | | September 22, 2016 |
| Event Time(s) 8:00-1:00 | | | | Room(s) / Area Requested: |
| Name of Organization HOSA - ES-SM | | Number of Persons Attending Meeting 9 | | Community Room |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Mike Millward | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: x42787 Cell: _____ | | Phone Number: _____ | | |
| Address: _____ | | 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/Culinary Arts | | |
| <u> </u> Chairs | <u> </u> Microphone | <u> </u> Drinks | | |
| 12 Tables | <u> </u> Ovrhd. Proj. | <u> </u> Snacks | | |
| <u> </u> Chalkboard | <u> </u> Video Camera | <u> </u> Luncheon | | |
| <u> </u> Lectern | <u> </u> Video Recorder | <u> </u> Dinner | | |
| <u> </u> Coat Racks | <u> </u> Internet Access | | | |
| 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 <u> </u> No | | | | |

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

| Action Taken | Date | By |
|---------------------|---------|--------------------|
| Approved and Booked | 9/22/16 | <i>[Signature]</i> |
| 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 \$ _____ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

[Signature]
Signature (person in charge of activity)

Date: _____

Thank you for selecting Pioneer for your event!