

Building Utilization Request



Pioneer Career and Technology Center

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

Handwritten initials

Part I - To be completed by organization requesting building utilization

Date(s) 12/9/2016		Setup Time 11:00	Tear Down Time 14:30	Date Request Submitted October 13, 2016
Activity: Day(s) Friday				Room(s) / Area Requested: W227
Event Time(s) 11:30 - 2:30		Name of Organization and Event Being Held HSTW Literacy Training		
Address		Number of Persons Attending Meeting 10		
Contact Person: Vicie Hunt		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____ Work: 42921 Cell: _____		Business Name: _____		
PCTC Requested Services: (Identify No. Needed)		Contact Person: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <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		Phone Number: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Address: _____		
		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input 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 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>											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>10/17/16</td> <td><i>WJB</i></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	10/17/16	<i>WJB</i>	Billed for Services			Referred to Board			<p align="center"> Signature (person in charge of activity) Date: 10/13/16 </p>	
Action Taken	Date	By												
Approved and Booked	10/17/16	<i>WJB</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!