

100

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) Monday October 5, 2015		Date Request Submitted June 18, 2015
Activity: Day(s) _____		Room(s) / Area Requested: DLCT
Time(s) All Day		
Name of Organization Youngstown college talk to Labs	Number of Persons Attending Meeting 100	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Laurie Easler	Business Name: _____	
Phone Numbers: Home: _____	Contact Person: _____	
Work: #### 42257 Cell: _____	Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<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"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
<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 \$0.00 Custodial Services 0.00 Food Services Other Total Fee Estimate \$0.00			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. <i>Laurie Easler</i> Signature (person in charge of activity) Date: 6/18/15										
Note: Final invoice billing based upon actual costs following the event/activity.													
Upon receipt of invoice, please make check payable to: Pioneer CTC													
<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>6/18/15</td> <td>[Signature]</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	6/18/15	[Signature]	Billed for Services			Referred to Board		
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Thank you for selecting Pioneer for your event!