

Building Utilization Request



Pioneer Career and Technology Center

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

KM

Part I - To be completed by organization requesting building utilization

Date(s) 12/1/2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday				November 7, 2016
Event Time(s) 10:00 - 1:30		Room(s) / Area Requested:		
Name of Organization and Event Being Held Wyotech presentation / Transportation group		Number of Persons Attending Meeting 65		Community Room
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Paul Brown		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Other/Specify: _____		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
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

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) _____

Date: 11/7/2016

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	<u>11/5/16</u>	<i>WLB</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!

Hurst Tina

From: Brown Paul
Sent: Monday, November 07, 2016 11:10 AM
To: Hurst Tina; Such Dave; Harvey Rick
Subject: WyoTech
Attachments: Building Utilization 12-1-2016.xlsx

We have the Community Room.
Presentation times: 10:15 to 11:00 and 11:45 - 1:00.

Paul Brown, ASE-M, CFEI
Instructor, Collision Repair
Pioneer Career & Technology Center
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Shelby, OH 44875
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