

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) 12/20/2016	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday	4:30 p.m.	7:00 p.m.	November 30, 2016
Event Time(s) 5:30 PM			Room(s) / Area Requested: Arena
Name of Organization Adult Education Graduation Ceremony		Number of Persons Attending Meeting 100	
Address PCTC		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Crystal Escalera		Business Name: _____	
Phone Numbers: Home: 567 224-0700		Contact Person: _____	
Work: 419 347-7744 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	
99 Chairs	1 Microphone	_____ Drinks	
_____ Tables	_____ Ovrhd. Proj.	_____ Snacks	
_____ Chalkboard	_____ Video Camera	_____ Luncheon	
1 Lectern	_____ Video Recorder	_____ Dinner	
2 Coat Racks	1 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 checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes or <input checked="" 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

Responsibility Notice

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	12/16/16	[Signature]
Billed for Services		
Referred to Board		

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 (person in charge of activity) _____

Date: Crystal Escalera 11-30-16

Thank you for selecting Pioneer for your event!

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.