

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) January 26, 2017		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday				January 18, 2017
Event Time(s) 5:30 pm to 8 pm		5:30 PM	8:00 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer Alumni Association Gift Basket Raffle		Number of Persons Attending Meeting		outside Community Room - outside Board of Education - outside Cafeteria
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Karen Donahue		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u>	<u>Electronic</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Other/Specify: <u>please set up a few tables in</u>		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<u>hallway outside Community Room - we will be</u>		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<u>set-up to display items/sell tickets; outside</u>		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<u>Cafeteria and Board Office to sell tickets</u>		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

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	1/18/2017	KJD
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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Karen Donahue
Signature (person in charge of activity)

Date: 1-18-17

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!