

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) Tues. Jan. 31, 2017 Activity: Day(s) 1 Event Time(s) AM labs & PM labs	Setup Time 8:00 AM	Tear Down Time 2:00pm	Date Request Submitted January 18, 2017 Room(s) / Area Requested: DLTC																					
Name of Organization and Event Being Held Lincoln Tech	Number of Persons Attending Meeting up to 6 labs		Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																					
Contact Person: Jolene Young Phone Numbers: Home: _____ Work: Ext. 42205 Cell: _____	Business Name: Lincoln Tech Contact Person: Josh Podach Phone Number: 419-250-3822 Address: _____		If specific hookup/utility needs are required see attached: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: 8:00 AM Other/Specify: Will need access to use laptop and internet																					
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border: none;"> <tr> <td style="border: none;"><u>Room Setup</u></td> <td style="border: none;"><u>Electronic</u></td> <td style="border: none;"><u>Café</u> OR</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chairs</td> <td style="border: none;"><input checked="" type="checkbox"/> * Microphone</td> <td style="border: none;"><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tables</td> <td style="border: none;"><input checked="" type="checkbox"/> * Ovrhd. Proj.</td> <td style="border: none;"><input type="checkbox"/> Drinks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chalkboard</td> <td style="border: none;"><input type="checkbox"/> Video Camera</td> <td style="border: none;"><input type="checkbox"/> Snacks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lectern</td> <td style="border: none;"><input type="checkbox"/> Video Recorder</td> <td style="border: none;"><input type="checkbox"/> Breakfast</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coat Racks</td> <td style="border: none;"><input checked="" type="checkbox"/> * Internet Access</td> <td style="border: none;"><input type="checkbox"/> Luncheon</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No			<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<input type="checkbox"/> Chairs	<input checked="" type="checkbox"/> * Microphone	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> * Ovrhd. Proj.	<input type="checkbox"/> Drinks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> * Internet Access	<input type="checkbox"/> Luncheon			<input type="checkbox"/> Dinner	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
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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	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.												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Action Taken</th> <th style="width:30%;">Date</th> <th style="width:40%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>1/23/2017</td> <td><i>[Signature]</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	1/23/2017	<i>[Signature]</i>	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: 1/18/17
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