

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) <u>1/29, 2/5, 2/12, 2/19</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>SUNDAY</u>		<u>4pm</u>	<u>6am</u>	<u>1/26/17</u>
Event Time(s)				Room(s) / Area Requested:
Name of Organization and Event Being Held		Number of Persons Attending Meeting		<u>Gym</u>
<u>JABC BASEBALL</u>		<u>16</u>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
<u>710 SR 181 CRESTLINE</u>		Business Name: <u>N/A</u>		
Contact Person: <u>BOB SAYRE</u>		Contact Person: _____		
Phone Numbers: Home: _____		Phone Number: _____		
Work: _____ Cell: <u>419 631-3993</u>		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>		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	Other/Specify: _____	
<input type="checkbox"/> Tables	<input 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 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: _____			
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

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>1/27/2017</u>	<u>WLB</u>
Billed for Services		
Referred to Board		

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]
Signature (person in charge of activity)

Date: 1/26/17

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!