

Building Utilization Request



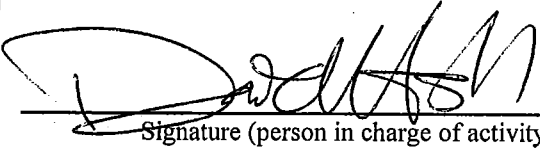
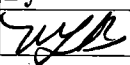
Pioneer Career and Technology Center

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

Part I: To be completed by organization requesting building utilization

Date(s) February 21 2017		Setup Time 5:30 PM	Tear Down Time 7:00 PM	Date Request Submitted Jan 27 2017
Activity: Day(s) Tuesday				Room(s) / Area Requested: Arena
Event Time(s) 6 pm - 7 pm				
Name of Organization ECE-January Patent Event Amanda from Gorman Nature Center		Number of Persons Attending Meeting 60		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Danielle Ash		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42600 Cell: _____		Phone Number: _____		
Address		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No		
<input checked="" type="checkbox"/> Room Setup	<input checked="" type="checkbox"/> Electronic	<input type="checkbox"/> Café/Culinary Arts		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II: To be completed by PCTC Personnel

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental</p> <p>Custodial Services</p> <p>Food Services</p> <p>Other</p> <p style="text-align: center;">Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>			<p style="text-align: center;">Responsibility Notice</p> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p style="text-align: center;">  Signature (person in charge of activity) </p> <p>Date: <u> 1-27-17 </u></p>		
Action Taken	Date	By			
Approved and Booked	1/30/2017				
Billed for Services					
Referred to Board					

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.

