

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) 23-Feb		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday				February 14, 2017
Event Time(s) 4:00-7:30				Room(s) / Area Requested: Community Room
Name of Organization and Event Being Held Scholarship Meeting during Parent/Teacher Conferences			Number of Persons Attending Meeting	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Mindy Owen			Business Name: _____	
Phone Numbers: Home: _____			Contact Person: _____	
Work: Ext. 42250 Cell: _____			Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)			Address: _____	
Room Setup Electronic <u> </u> Café OR <u> </u> Culinary Arts <input checked="" type="checkbox"/> Chairs <u> </u> Microphone <u> </u> Drinks <input checked="" type="checkbox"/> Tables <u> </u> Ovrhd. Proj. <u> </u> Snacks <u> </u> Chalkboard <u> </u> Video Camera <u> </u> Breakfast <u> </u> Lectern <u> </u> Video Recorder <u> </u> Luncheon <u> </u> Coat Racks <u> </u> Internet Access <u> </u> Dinner			If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____	
For specific room setup, see attached design: (check one)			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input checked="" type="checkbox"/> Yes or <u> </u> 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	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"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>2/14/2017</td> <td>MSB</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	2/14/2017	MSB	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: 2/14/17
Action Taken	Date	By											
Approved and Booked	2/14/2017	MSB											
Billed for Services													
Referred to Board													

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!**

Please place 2 tables in the front of the room with 2 chairs at each table. (facing west)

Please arrange approximately 30 chairs in rows facing the tables at the front.