

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) May 17 2018	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thur	9 am Thur	8 pm Thur	May 23 2017
Event Time(s) 6 pm - 8 pm			Room(s) / Area Requested:
Name of Organization ECE - Preschool Graduation Thurs Practice and setting up Thur. night 6 pm will be Graduation		Number of Persons Attending Meeting 200	Arena Teachers lounge east
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: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	___ Drinks	
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	___ Snacks	
___ Chalkboard	___ Video Camera	___ Luncheon	
___ Lectern	___ Video Recorder	___ Dinner	
___ Coat Racks	___ Internet Access		
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
<input checked="" type="checkbox"/> Yes or ___ No		Estimated time of arrival at Pioneer for setup/delivery: _____	
		Other/Specify: _____	
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	

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.

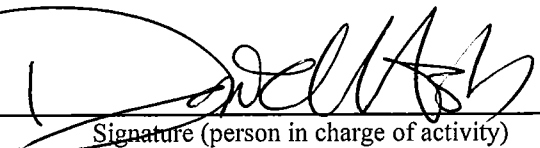
Upon receipt of invoice, please make check payable to:
Pioneer CTC

Action Taken	Date	By
Approved and Booked	5/26/17	WAB
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.


Signature (person in charge of activity)

Date: 5-23-17

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.

Stage

Please remove center bars from stage about 7' of them

Table Table Table

Table

Entrance

Seating for

300 people

Please have tables set up on

~~the~~ ^{Thurs} ~~at~~ ^{at} ~~so~~ we can decorate

Please leave an aisle wide enough for
3 adults to walk side by side down

Thanks

Table Table