

# 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) <b>9/27/2017</b>		Setup Time <b>7:30</b>	Tear Down Time <b>8:30</b>	Date Request Submitted <b>May 30, 2017</b>
Activity: Day(s) <b>Wednesday</b>				Room(s) / Area Requested: <b>Board Parking Lot, need access to the roof</b>
Event Time(s) <b>8:15 AM</b>				
Name of Organization and Event Being Held <b>Senior Panoramic Picture</b>		Number of Persons Attending Meeting <b>Senior Class</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Tina Hurst, ext. 42200</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> _____ Chairs      _____ Microphone      _____ Drinks _____ Tables      _____ Ovrhd. Proj.      _____ Snacks _____ Chalkboard      _____ Video Camera      _____ Breakfast _____ Lectern      _____ Video Recorder      _____ Luncheon _____ Coat Racks      _____ Internet Access      _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Engineering Design will provide layout for Senior Panoramic Picture</u> _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

### 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**

Action Taken	Date	By
Approved and Booked	6/12/17	EW
Billed for Services		
Referred to Board		

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 (person in charge of activity)  
  
Date: 6/8/17

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!**