

Building Utilization Request



Pioneer Career and Technology Center

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

WCh

Part I - To be completed by organization requesting building utilization

Date(s) <u>9/27/2017</u>		Setup Time 7:00	Tear Down Time 10:00	Date Request Submitted May 30, 2017
Activity: Day(s) <u>Wednesday</u>				Room(s) / Area Requested: Arena
Event Time(s)				
Name of Organization and Event Being Held Jostens Senior Meeting (Grad. Announcements)		Number of Persons Attending Meeting Senior Class 500		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Jim Conrad</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Café</u> OR <u>Culinary Arts</u> <u>Room Setup</u> <u>Electronic</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 _____ Breakfast <input checked="" type="checkbox"/> 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>Jim will be doing a PowerPoint -</u> <u>screens down; 2 sections of chairs with center</u> <u>aisle. Mtg. begins approx. 8:30 am after Senior</u> <u>Panoramic Picture</u>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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	<u>6/14/17</u>	<u>[Signature]</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: 5/30/17

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!