

Building Utilization Request



Pioneer Career and Technology Center

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

WJH

Part I - To be completed by organization requesting building utilization

Date(s) 10-Mar-18		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Saturday				June 8, 2017
Event Time(s) 7:00 am to 6:00 pm		Room(s) / Area Requested:		
Name of Organization and Event Being Held FCCLA Regional Competition		Number of Persons Attending Meeting 250		All rooms on the first floor of Pioneer.
Address 27 Ryan Rd., Shelby, Ohio 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Matt Parr		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 419 3477744 Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input type="checkbox"/> Café OR	<input type="checkbox"/> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Other/Specify: <u>Final setup verified closer to event date</u>		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.			
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera			
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder			
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

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.

Matthew Parr
Signature (person in charge of activity)

Date: _____

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	6/27/17	<i>(Signature)</i>
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!