

WJH

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) 4/12/2018 | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) Thursday | | | May 30, 2017 |
| Event Time(s) 8:45 AM | 7:30 | 11:00 | Room(s) / Area Requested: |
| Name of Organization and Event Being Held Partner School Principals Meeting | | Number of Persons Attending Meeting 25 | Community Room |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | |
| Contact Person: Tina Hurst, ext. 42200 | | Business Name: _____ | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | |
| Work: _____ 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 checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u> | | Estimated time of arrival at Pioneer for setup/delivery: _____ | |
| <u>Room Setup</u> | <u>Electronic</u> | Other/Specify: _____ | |
| <input checked="" type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | Breakfast arrangements made with J. Fortman | |
| <input checked="" type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | as event approaches, tables/chairs in "U" shape | |
| <input type="checkbox"/> Chalkboard | <input type="checkbox"/> Video Camera | with open end and podium at east end of room | |
| <input checked="" type="checkbox"/> Lectern | <input type="checkbox"/> Video Recorder | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | |
| <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | | |
| For specific room setup, see attached design: (check one) | | | |
| <input checked="" type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u> | | | |

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 | 6/12/17 | (Signature) |
| 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 (person in charge of activity): _____
(Signature)

Date: 5/30/17