

*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) <b>4/19/2018</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Thursday</b>			<b>May 30, 2017</b>
Event Time(s) <b>6:30-8:00 pm</b>	<b>12:30</b>	<b>20:30</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Sophomore Orientation</b>	Number of Persons Attending Meeting <b>500+</b>		<b>Cafeteria/Comm. Room/Various Labs</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: _____		
	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>		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs      ___ Microphone      ___ Drinks	Other/Specify: <b>final set up verified as event</b>		
<input checked="" type="checkbox"/> Tables      ___ Ovrhd. Proj.      ___ Snacks	<b>approaches - t-shirts, badges on cafeteria tables</b>		
___ Chalkboard      ___ Video Camera      ___ Breakfast	<b>at front entrance</b>		
___ Lectern      ___ Video Recorder      ___ Luncheon	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
___ Coat Racks      ___ Internet Access      ___ Dinner			
For specific room setup, see attached design: (check one) <u>Yes</u> or <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 ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p> <p><i>Tina Hurst</i> Signature (person in charge of activity)</p> <p>Date: <b>4/18/17</b></p>										
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>4/12/17</td> <td>G</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	4/12/17	G	Billed for Services			Referred to Board			
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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!