

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) <u>8/23/17</u>		Setup Time <u>4:30</u>	Tear Down Time <u>7:30</u>	Date Request Submitted <u>8/14/17</u>
Activity: Day(s) <u>Wednesday</u>		Room(s) / Area Requested: <u>Community Room</u>		
Event Time(s) <u>5-7</u>				
Name of Organization and Event Being Held <u>STEP</u>		Number of Persons Attending Meeting <u>~50 (up to but Probab)</u>		
Address <u>PCTC</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Karen Davis x42565</u>		Business Name: <u>None</u>		
Phone Numbers: <u>Heather Fichter Home: 42561</u>		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed) <u>None / Self Set up</u> <u>Café</u> OR		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>Culinary Arts</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Chairs</u> <u>Microphone</u> <u>Drinks</u>		Other/Specify: _____		
<u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u>		_____		
<u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u>		_____		
<u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u>		_____		
<u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</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>8/17/2017</u>	<u>WLB</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.

Karen A Davis
Signature (person in charge of activity)

Date: 8/14/17

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!