

Building Utilization Request



Pioneer Career and Technology Center

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

OC

Part I - To be completed by organization requesting building utilization

Date(s) 4-Mar-16	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday			Aug. 21, 2015
Event Time(s) 9:30-11:00	7:30	11:30	Room(s) / Area Requested:
Name of Organization and Event Being Held Spring GRADS Advisory Committee Meeting	Number of Persons Attending Meeting up to 18		Community Room, C109
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jane Knight, ext. 42961	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> </u> Yes or <u> </u> No		
<u> </u> Café OR <u> </u> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u> </u> Room Setup <u> </u> Electronic <u> </u> Chairs <u> </u> Microphone <u> </u> Drinks <u> </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	Other/Specify: _____		
For specific room setup, see attached design: (check one) X Yes or <u> </u> No	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

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) _____

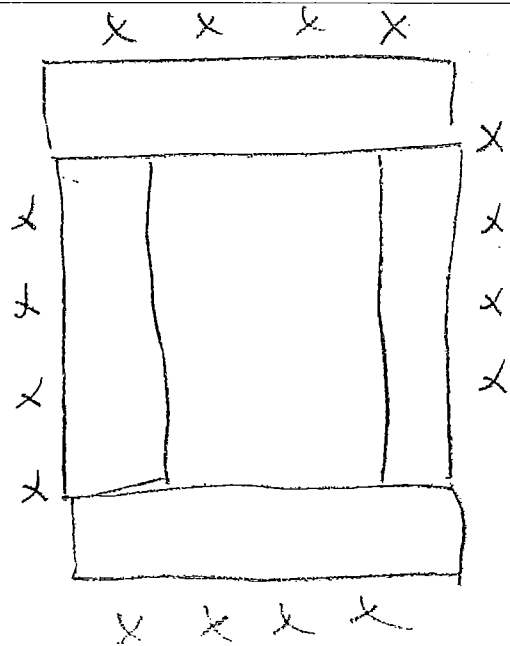
Date: _____

Action Taken	Date	By
Approved and Booked	8/24/15	[Signature]
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!

GRADS Advisory Committee Meeting Room Set-up



4 tables

16 chairs

Thank You!