

Building Utilization Request



Pioneer Career and Technology Center

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

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Part I - To be completed by organization requesting building utilization

Date(s) <u>March 27, 2018</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tuesday</u>		<u>8am</u>	<u>2pm</u>	<u>1/10/17</u>
Event Time(s) <u>8:30-1:30</u>				Room(s) / Area Requested:
Name of Organization and Event Being Held			Number of Persons Attending Meeting	<u>Arena</u>
<u>Job Fair</u>			<u>All students</u>	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Amy Law</u>			Business Name: _____	
Phone Numbers: Home: _____			Contact Person: _____	
Work: <u>42941</u> Cell: <u>419 544-9710</u>			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>	
<u>X</u> Room Setup	<u>X</u> Electronic	<u>X</u> Café OR	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>X</u> Chairs	Microphone	<u>X</u> Culinary Arts	Other/Specify: _____	
<u>X</u> Tables	Ovrhd. Proj.	<u>X</u> Drinks	_____	
Chalkboard	Video Camera	<u>X</u> Snacks	_____	
Lectern	Video Recorder	Breakfast	_____	
Coat Racks	<u>X</u> Internet Access	Luncheon	_____	
		Dinner	_____	
For specific room setup, see attached design: (check one)			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

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>1/10/2018</u>	<u>MYB</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.

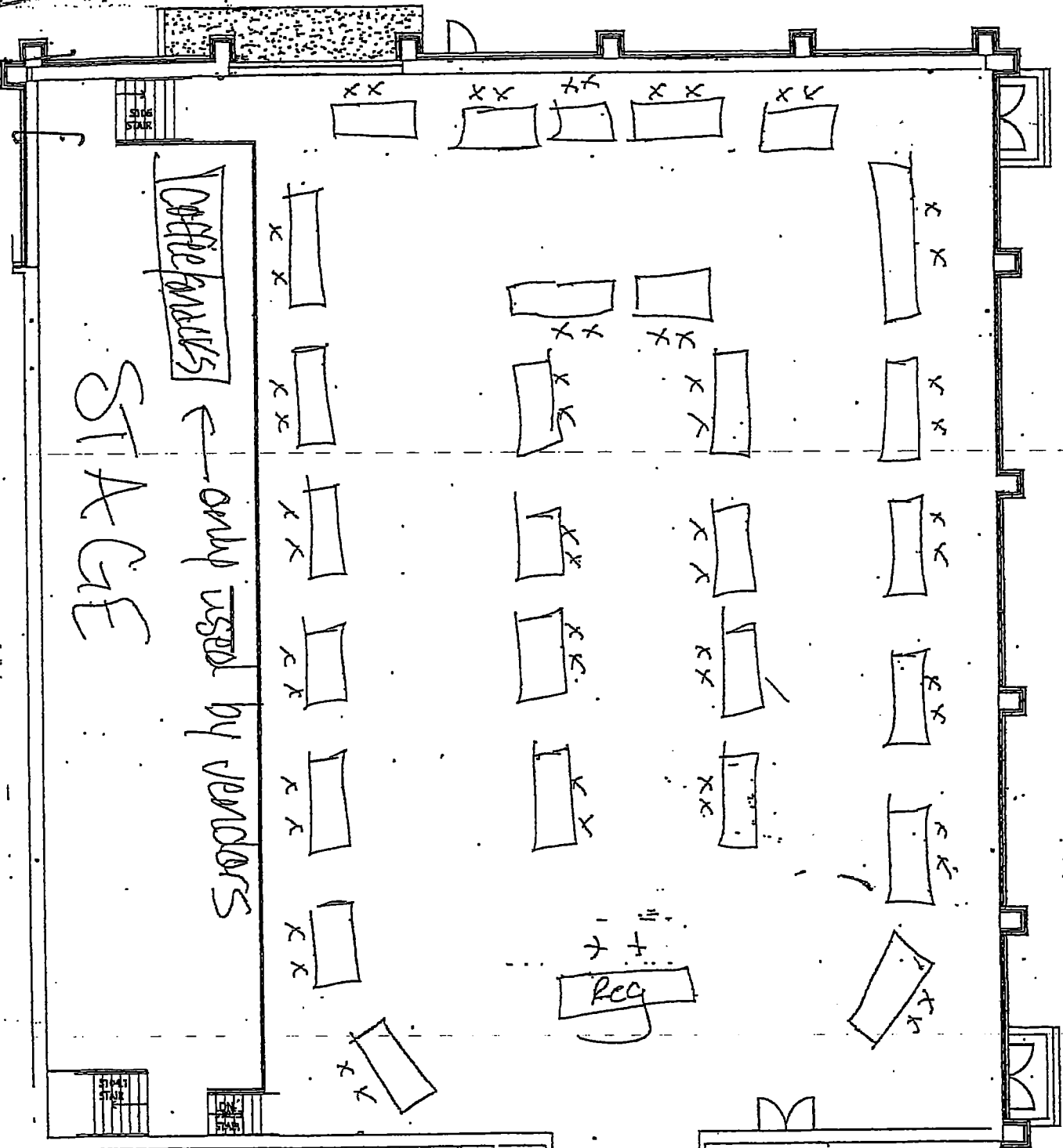
Any and all information on this form may be shared with the public through our publicly accessed calendar.

[Signature]
Signature (person in charge of activity)

Date: 1/10/17

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!



STAGE

Coffeemaker ← only used by vendors

Rec

Main Doors

Roughly
Queue on
left vendors

* 1 table for
each exhibitor
and 2 chairs
each table.