

UPDATED FOR SHELBY ACT TESTING

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) 2/27-3/2/2018	Setup Time	Tear Down Time	Date Request Submitted																								
Activity: Day(s) Tues-Fri			1/23/2018 (updated)																								
Event Time(s) 8:30-12:00			Room(s) / Area Requested:																								
Name of Organization and Event Being Held Shelby ACT Testing	Number of Persons Attending Meeting 13		W227 (2/27-3/2/2018) W164 (2/28-3/2/2018)																								
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																										
Contact Person: Shannon Sprang	Business Name: _____																										
Phone Numbers: Home: _____	Contact Person: _____																										
Work: 42252 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>																										
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Room Setup</u></td> <td style="border: none;"><u>Electronic</u></td> <td style="border: none;"><u>Café</u> OR</td> <td style="border: none;"><u>Culinary Arts</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Chairs</td> <td style="border: none;"><input type="checkbox"/> Microphone</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Drinks</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Tables</td> <td style="border: none;"><input type="checkbox"/> Ovrhd. Proj.</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Snacks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chalkboard</td> <td style="border: none;"><input type="checkbox"/> Video Camera</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Breakfast</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lectern</td> <td style="border: none;"><input type="checkbox"/> Video Recorder</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Luncheon</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coat Racks</td> <td style="border: none;"><input type="checkbox"/> Internet Access</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Dinner</td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/>	<input type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/>	<input type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/>	<input type="checkbox"/> Luncheon	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/>	<input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>	Other/Specify: W164 needs desks; W227 should have 13 computers with working DVD players; a work order has been placed to check the DVD players																										
	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	1/25/18	GS
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.

Shannon Sprang
Signature (person in charge of activity)

Date: 1/23/18

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!