

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) March 19 2018		Setup Time 5:30 PM	Tear-Down Time 7:00 PM	Date Request Submitted Feb 21 2018
Activity: Day(s) Monday				Room(s) / Area Requested: Exercise Science Lab
Event Time(s) 6 pm - 7 pm		Name of Organization ECE- Oct Parent Event Stay Fit, Mr. Millward & his students will be helping		
Address		Number of Persons Attending Meeting 60		
Contact Person: Danielle Ash		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: ext 42600 Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Address: _____		
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Other/Specify: _____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers.

Rental

Custodial Services

Food Services

Other

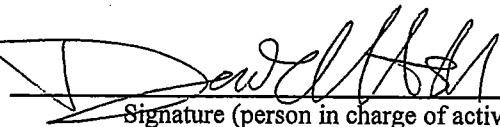
Total Fee Estimate _____

Note: Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:
Pioneer CTC

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.


Signature (person in charge of activity)

Date: 2-21-18

Action Taken	Date	By
Approved and Booked	2/22/18	WLR
Billed for Services		
Referred to Board		

Thank you for selecting Pioneer for your event!

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.