

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) 24-Apr-18 | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) Tuesday | | | March 23, 2018 |
| Event Time(s) 8:00 am - 11:30 am | 7:30 AM | Noon | Room(s) / Area Requested: |
| Name of Organization and Event Being Held Strategic Planning Team Meeting | | Number of Persons Attending Meeting 35 | Community Room |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | |
| Contact Person: _____ | | Business Name: _____ | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | |
| Work: _____ Cell: _____ | | 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> | |
| <input checked="" type="checkbox"/> Room Setup | <input type="checkbox"/> Electronic | <input checked="" type="checkbox"/> Café OR | Estimated time of arrival at Pioneer for setup/delivery: _____ |
| <input checked="" type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Culinary Arts | Other/Specify: _____ |
| <input checked="" type="checkbox"/> Tables | <input checked="" type="checkbox"/> Ovrhd. Proj. | <input type="checkbox"/> Drinks | _____ |
| <input type="checkbox"/> Chalkboard | <input type="checkbox"/> Video Camera | <input checked="" type="checkbox"/> Snacks | _____ |
| <input type="checkbox"/> Lectern | <input type="checkbox"/> Video Recorder | <input type="checkbox"/> Breakfast | _____ |
| <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Luncheon | _____ |
| <input type="checkbox"/> Dinner | | | |
| For specific room setup, see attached design: (check one) | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>3/23/18</u> | |
| <input checked="" type="checkbox"/> Yes | or | <input type="checkbox"/> No | <i>"u" shape set up - center at east end</i> |

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>3/29/2018</u> | <u>[Signature]</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 (person in charge of activity) _____

Date: _____

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!