

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) <u>4/17/18</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tuesday</u>		<u>9 am</u>	<u>12:30 pm</u>	<u>3/27/18</u>
Event Time(s) <u>11 am</u>				Room(s) / Area Requested:
Name of Organization and Event Being Held <u>work force Board development</u>			Number of Persons Attending Meeting <u>40</u>	<u>Pioneer room</u>
Address <u>jfs.ohio.gov</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Teresa Alt</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Video Recorder <input checked="" type="checkbox"/> Luncheon <input checked="" type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>main TBD by client</u> <u>emailed options 3/20/18</u> <u>Planning stages</u>		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>3/27/18</u>		

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 _____

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.

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

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

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

Action Taken	Date	By
Approved and Booked	<u>3/29/18</u>	
Billed for Services		
Referred to Board		

Signature (person in charge of activity)
[Signature]

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!