

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) <u>5/30/2018</u>		Setup Time 4:30 p.m.	Tear Down Time 7:30 p.m.	Date Request Submitted 0328/2018
Activity: Day(s) <u>Tuesday</u>				Room(s) / Area Requested: Arena
Event Time(s) 5:30 PM		Name of Organization Adult Education Graduation Ceremony		
Address PCTC		Number of Persons Attending Meeting 150		
Contact Person: <u>Crystal Escalera</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: <u>567 224-0700</u>		Business Name: _____		
Work: <u>419 347-7744</u> Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
Room Setup	Electronic	Address: _____		
<u>##</u> Chairs	<u>1</u> Microphone	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X No</u>		
Tables	Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery: _____		
Chalkboard	Video Camera	Other/Specify: _____		
<u>1</u> Lectern	Video Recorder	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<u>2</u> Coat Racks	<u>1</u> Internet Access			
For specific room setup, see attached design: (check one)				
<u>X Yes</u> or <u>X No</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 <p style="text-align: center;">Total Fee Estimate</p>			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: <u>Crystal Escalera 03-28-18</u>										
Note: Final invoice billing based upon actual costs following the event/activity.													
Upon receipt of invoice, please make check payable to: <p style="text-align: center;">Pioneer CTC</p>													
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td><u>3/29/2018</u></td> <td></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date		By	Approved and Booked	<u>3/29/2018</u>		Billed for Services			Referred to Board		
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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.