

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) 25-May-18		Date Request Submitted April 8, 2018																		
Activity: Day(s) Tuesday Friday		Room(s) / Area Requested: Cafeteria																		
Time(s) 7:30A - 11:30 A																				
Name of Organization Pioneer Administration and Sunshine Committee	Number of Persons Attending Meeting 150																			
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: Vickie Hunt/Beckie Kimmel	Business Name: Pioneer Food Service																			
Phone Numbers: Home: _____	Contact Person: Jason Fortman																			
Work: _____ Cell: _____	Phone Number: 42,452.00																			
PCTC Requested Services: (Identify No. Needed)	Address: _____																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café/Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>___ Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Dinner</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td></td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	___ Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Luncheon	___ Lectern	___ Video Recorder	___ Dinner	___ Coat Racks	___ Internet Access		If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: 5/24/2018 13:00 Other/Specify: _____	
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or ___ No	Date of contact with Cafeteria/Culinary Arts Services if used for this event: April 9, 2018																			

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

Action Taken	Date	By
Approved and Booked	4/13/18	WLB
Billed for Services		
Referred to Board		

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: _____

Thank you for selecting Pioneer for your event!

Year End Breakfast Set Up

Middle of the Cafeteria

