

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) 8/17/2018		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday				May 25, 2018
Event Time(s) 7:30-3:30				Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer Returning Teacher Day		Number of Persons Attending Meeting 200		Arena/DLTC/Comm. Room/Cafeteria
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Kris Kowalski, ext. 42202		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>		
Room Setup	Electronic <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	Other/Specify: <u>set up will be finalized by</u>		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<u>Kris Kowalski and breakfast/lunch</u>		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<u>with J. Fortman</u>		
<input checked="" 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)				
<u>Yes</u> or <u>No</u>				

Part II - To be completed by PCTC Personnel **Responsibility Notice**

Estimate Calculation of Fees: Attach any pertinent papers.			<p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>
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	7/3/2018	[Signature]	
Billed for Services			
Referred to Board			
			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!**