

* DATE CHANGE *

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) 5/12/15 12/11/15	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday	8:30	2:15	June 10, 2015
Event Time(s) lunch @10:45-2:00			Room(s) / Area Requested: Community Room/ Cosmetology Lab
Name of Organization Partner School Secretaries Luncheon		Number of Persons Attending Meeting 32	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Tina Hurst, ext. 42200		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> </u> Yes or <u> </u> No	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks	
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" type="checkbox"/> Luncheon	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner	
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access		
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: Culinary to provide lunch; details worked out with S. Weibel as event gets closer	
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	

Part II - To be completed by PCTC Personnel

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental _____</p> <p>Custodial Services _____</p> <p>Food Services _____</p> <p>Other _____</p> <p style="text-align: center;">Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Action Taken</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td></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			Billed for Services			Referred to Board			<p style="text-align: center;">Responsibility Notice</p> <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 style="text-align: center;"><i>Tina Hurst</i> Signature (person in charge of activity)</p> <p>Date: 6/10/15</p> <p style="text-align: center;">Thank you for selecting Pioneer for your event!</p>
Action Taken	Date	By											
Approved and Booked													
Billed for Services													
Referred to Board													

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.