

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) 9/28/2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday				June 2, 2016
Event Time(s) 8:10-8:45				Room(s) / Area Requested: Board Parking Lot, Need access to the roof
Name of Organization Lifetouch Senior Panoramic Picture Day		Number of Persons Attending Meeting Senior Class		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Tina Hurst, ext. 42202		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
___ Chairs	___ Microphone	___ Drinks	Estimated time of arrival at Pioneer for setup/delivery: 8:00	
___ Tables	___ Ovrhd. Proj.	___ Snacks	Other/Specify: EDT will provide layout for Senior Picture	
___ Chalkboard	___ Video Camera	___ Luncheon	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
___ Lectern	___ Video Recorder	___ Dinner		
___ Coat Racks	___ Internet Access			
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

<p>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>Signature (person in charge of activity) <i>Tina Hurst</i></p> <p>Date: 6/7/16</p>		
<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>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>		
Action Taken	Date	By
Approved and Booked	6/8/16	<i>MJB</i>
Billed for Services		
Referred to Board		

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.