

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) 10/24/2016		Setup Time 1:00 PM	Tear Down Time 8:00 PM	Date Request Submitted June 2, 2016
Activity: Day(s) Monday				Room(s) / Area Requested: Cafeteria then various labs
Event Time(s) 5:30-9:00 pm				
Name of Organization Pioneer All Member Advisory Committees Board Dinner/Meeting		Number of Persons Attending Meeting 225		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Kris Kowalski		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) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>		Estimated time of arrival at Pioneer for setup/delivery: _____
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks		
<input checked="" type="checkbox"/> Tables	_____ Ovrhd. Proj.	_____ Snacks		
_____ Chalkboard	_____ Video Camera	_____ Luncheon		Other/Specify: Dinner arrangements will be made with Jason Fortman as event approaches
<input checked="" type="checkbox"/> Lectern	_____ Video Recorder	<input checked="" type="checkbox"/> Dinner		
_____ Coat Racks	_____ Internet Access			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

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.

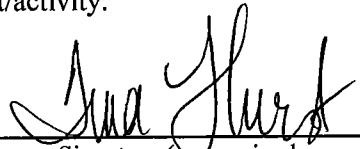
Upon receipt of invoice, please make check payable to:
Pioneer CTC

Action Taken	Date	By
Approved and Booked	6/1/16	WJB
Billed for Services		
Referred to Board		

Responsibility Notice

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: 6/1/16

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.