

VJH

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) 4-Oct-16	Setup Time	Tear Down Time	Date Request Submitted June 13, 2016
Activity: Day(s) Counselor's Meeting			Room(s) / Area Requested: Pioneer Room
Event Time(s) 8:00 to 11:00			
Name of Organization and Event Being Held Marion Technical College Counselor's Meeting	Number of Persons Attending Meeting 25		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Laurie Easler	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
	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 <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Chairs</u> <u>Microphone</u> <u>Drinks</u>	Other/Specify: _____		
<u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u>	_____		
<u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u>	_____		
<u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u>	_____		
<u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>	_____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Signature (person in charge of activity)
Laurie Easler

Date: 6-13-16

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	6/14/16	MEB
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.

Thank you for selecting Pioneer for your event!