

MO

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) 10/24/16-11/4/16		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) MON-FRI				August 2, 2016
Event Time(s) All Day				Room(s) / Area Requested: Community Room
Name of Organization and Event Being Held OGT TESTING		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Mindy Owen		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: Ext 42250 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>		
<u>Café</u> OR <u>Culinary Arts</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Room Setup</u>	<u>Electronic</u>	Other/Specify: _____		
34 Chairs	Microphone	_____		
17 Tables	Ovrhd. Proj.	_____		
Chalkboard	Video Camera	_____		
Lectern	Video Recorder	_____		
Coat Racks	Internet Access	_____		
	Drinks	_____		
	Snacks	_____		
	Breakfast	_____		
	Luncheon	_____		
	Dinner	_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input checked="" 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			<h3>Responsibility Notice</h3> <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>		
Action Taken	Date	By	Signature (person in charge of activity) <i>Mindy Owen</i> _____ Date: 8/2/16		
Approved and Booked	8/4/16	<i>MOS</i>			
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!

Community Room Set Up for OGT Testing 10/24/16 – 11/4/16:

Please place 15 tables with 2 chairs each facing east.

Please place 2 tables at the front of the class with 2 chairs facing west.

1 table will be needed for outside of the classroom with 2 chairs.