

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

15/16

Part I - To be completed by organization requesting building utilization

Date(s) 10/28/16		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____				September 19, 2016
Event Time(s) 7:30 am - 8:10 am		7:00 AM	8:30 AM	Room(s) / Area Requested:
Name of Organization and Event Being Held Grandparents Day/Joanne Humphrey		Number of Persons Attending Meeting estimate 50-100		Arena
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Joanne Humphrey		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42985 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>		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one)		Other/Specify: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

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	<i>9/29/2016</i>	<i>JHB</i>
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.

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

Joanne Humphrey
Signature (person in charge of activity)

Date: *9/19/16*

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!

