

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

<p>Date(s) Oct 10,12,17,19 & 24</p> <p>Activity: Day(s) Mon & Wed</p> <p>Event Time(s) 5:30 - 9:30 pm</p>	<p>Setup Time</p>	<p>Tear Down Time</p>	<p>Date Request Submitted</p> <p style="text-align: center;">October 7, 2016</p>
<p>Name of Organization and Event Being Held</p> <p>PCTC Adult Ed Intro to Excel class</p>		<p>Number of Persons Attending Meeting</p> <p style="text-align: center;">6</p>	<p>Room(s) / Area Requested:</p> <p style="text-align: center;">C114</p>
<p>Address</p>		<p>Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)</p>	
<p>Contact Person: _____</p> <p>Phone Numbers: Home: _____</p> <p>Work: _____ Cell: _____</p>		<p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Address: _____</p>	
<p>PCTC Requested Services: (Identify No. Needed)</p> <p style="text-align: right;">___ Café OR</p> <p>Room Setup <u>Electronic</u> ___ Culinary Arts</p> <p><input checked="" type="checkbox"/> Chairs ___ Microphone ___ Drinks</p> <p><input checked="" type="checkbox"/> Tables ___ Ovrhd. Proj. ___ Snacks</p> <p>___ Chalkboard ___ Video Camera ___ Breakfast</p> <p>___ Lectern ___ Video Recorder ___ Luncheon</p> <p>___ Coat Racks <input checked="" type="checkbox"/> Internet Access ___ Dinner</p> <p>For specific room setup, see attached design: (check one)</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>		<p>If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>	

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.

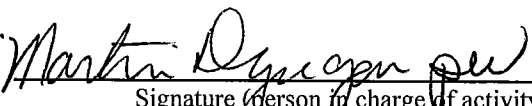
Upon receipt of invoice, please make check payable to:
Pioneer CTC

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)

Date: 7-Oct-16

Action Taken	Date	By
Approved and Booked	10/10/2016	<i>MLB</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!

Revised 07/15