Building Utilization Request



Pioneer Career and Technology Center ATTN: Director of Business Affairs

27 Ryan Road, Shelby, OH 44875

Part I - To be comple	ted by organizatio	n requestir	ig b	uilding úti	lization- 🏰 🖦		
Date(s) 9/7/2017			Setup Time		Tear Down	Date Request Submitted	
Activity: Day(s) Thursday				tup Time	Time	June 12, 2017	
Event Time(s) 7:30 am - 2:25 pm						Room(s) / Area Requested:	
Name of Organization					of Persons	Arena	
Lifetouch Picture Day				Attending Meeting 950+			
Address							
Address				Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: Tina Hurst, ext. 42200				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:			
Room Setup Electronic Café/Culinary Arts				(check one) Yes or No			
4 Chairs N	/licrophone	Drinks		Estimated time of arrival at Pioneer for setup/delivery:			
4 Tables C	ovrhd. Proj.	 Snacks		6:30 AM			
Chalkboard V	ard Video Camera Luncheon			Other/Specify: 3 tables lined up next to stage area;			
Lectern V	/ideo Recorder	Dinner		cameras will need to plug in. 4th table located			
Coat RacksInternet Access				just inside Arena entrance for check in			
For specific room setup, see attached design: (check one)				Date of contact with Cafeteria/Culinary Arts Services			
x Yes or No				if used for this event:			
Part II - To be completed by RCTC Personnels 28 18					Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent papers.				It is understood that our organization assumes full responsibility for any damage to the building and equipment.			
Rental							
Custodial Services							
Food Services				A Security Deposit in the amount of \$\frac{1}{2}\$ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.			
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			Signature (pers	son in charge of activity)	
Approved and Booked	6/15/10	(bl		Date:			
Billed for Services						· · · · · · · · · · · · · · · · · · ·	
Referred to Board				Thank	you for selec	ting Pioneer for your event!	