

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) 10/2/2018-10/03/2018		Setup Time 7:00	Tear Down Time 2:35	Date Request Submitted May 25, 2018																	
Activity: Day(s) Tues. & Weds.				Room(s) / Area Requested: Program Labs/Adm. Conf. Room																	
Event Time(s) 7:30-2:30		Name of Organization Lifetouch Lab Picture Days																			
Address		Number of Persons Attending Meeting																			
Contact Person: Tina Hurst, ext. 42200		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																			
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No																			
<table border="0"> <tr> <td><u> </u> Room Setup</td> <td><u> </u> Electronic</td> <td><u> </u> Café/Culinary Arts</td> </tr> <tr> <td><u> </u> Chairs</td> <td><u> </u> Microphone</td> <td><u> </u> Drinks</td> </tr> <tr> <td><u> </u> Tables</td> <td><u> </u> Ovrhd. Proj.</td> <td><u> </u> Snacks</td> </tr> <tr> <td><u> </u> Chalkboard</td> <td><u> </u> Video Camera</td> <td><u> </u> Luncheon</td> </tr> <tr> <td><u> </u> Lectern</td> <td><u> </u> Video Recorder</td> <td><u> </u> Dinner</td> </tr> <tr> <td><u> </u> Coat Racks</td> <td><u> </u> Internet Access</td> <td></td> </tr> </table>	<u> </u> Room Setup	<u> </u> Electronic	<u> </u> Café/Culinary Arts	<u> </u> Chairs	<u> </u> Microphone	<u> </u> Drinks	<u> </u> Tables	<u> </u> Ovrhd. Proj.	<u> </u> Snacks	<u> </u> Chalkboard	<u> </u> Video Camera	<u> </u> Luncheon	<u> </u> Lectern	<u> </u> Video Recorder	<u> </u> Dinner	<u> </u> Coat Racks	<u> </u> Internet Access		Estimated time of arrival at Pioneer for setup/delivery: _____		
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For specific room setup, see attached design: (check one) <u> </u> Yes or <u> </u> x No		Other/Specify: Lifetouch staff will use the Admin. Conf. Room as their "home base" while taking pics of labs																			
		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			<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>Signature (person in charge of activity) _____ Date: _____</p>		
Action Taken	Date	By	<p align="center">Thank you for selecting Pioneer for your event!</p>		
Approved and Booked	7/17/2018	TJB			
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.