

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) <u>10/17,11/28,12/19,1/16,2/20,3/20,4/24,5/15</u> Activity: Day(s) _____ Event Time(s) 2:30pm	Setup Time	Tear Down Time	Date Request Submitted May 14, 2018																					
Name of Organization and Event Being Held EAP	Number of Persons Attending Meeting 40		Room(s) / Area Requested: Community Room																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																						
Contact Person: <u>Lynn Moritz</u> Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																						
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border: none;"> <tr> <td style="border: none;"><u>Room Setup</u></td> <td style="border: none;"><u>Electronic</u></td> <td style="border: none;"><u>Café</u> OR</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Chairs</td> <td style="border: none;"><input type="checkbox"/> Microphone</td> <td style="border: none;"><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Tables</td> <td style="border: none;"><input type="checkbox"/> Ovrhd. Proj.</td> <td style="border: none;"><input type="checkbox"/> Drinks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chalkboard</td> <td style="border: none;"><input type="checkbox"/> Video Camera</td> <td style="border: none;"><input type="checkbox"/> Snacks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lectern</td> <td style="border: none;"><input type="checkbox"/> Video Recorder</td> <td style="border: none;"><input type="checkbox"/> Breakfast</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coat Racks</td> <td style="border: none;"><input type="checkbox"/> Internet Access</td> <td style="border: none;"><input type="checkbox"/> Luncheon</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon			<input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR																						
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts																						
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks																						
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks																						
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Breakfast																						
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon																						
		<input type="checkbox"/> Dinner																						

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: _____

Action Taken	Date	By
Approved and Booked	7/17/2018	<i>[Signature]</i>
Billed for Services		
Referred to Board		