

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) 11/1/2018 | | Setup Time 9:30 | Tear Down Time 12:30 | Date Request Submitted May 25, 2018 |
| Activity: Day(s) Thursday | | | | Room(s) / Area Requested: Becky Nichols laundry room/outside the cafeteria |
| Event Time(s) 10:27-12:19 | | Name of Organization and Event Being Held Jostens Senior Ordering of graduation items | | |
| Address | | Number of Persons Attending Meeting Seniors | | |
| Contact Person: Jim Conrad | | 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 | | |
| Room Setup | Electronic | Estimated time of arrival at Pioneer for setup/delivery: _____ | | |
| <input checked="" type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | Other/Specify: Please have one 8 ft. table outside | | |
| <input checked="" type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | Becky's room in the hallway and 2 8 ft. tables | | |
| <input type="checkbox"/> Chalkboard | <input type="checkbox"/> Video Camera | inside her laundry room with 2 chairs | | |
| <input type="checkbox"/> Lectern | <input type="checkbox"/> Video Recorder | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | |
| <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | | | |
| For specific room setup, see attached design: (check one) | | | | |
| <input type="checkbox"/> Yes or <input type="checkbox"/> No | | | | |

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 | WFB | |
| 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!**