

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) <u>12/06/18 12/07/18 12/08/18 12/09/18</u> Setup Time _____ Tear Down Time _____</p> <p>Activity: Day(s) <u>Thurs Fri Sat Sun</u></p> <p>Event Time(s) <u>6-9pm 6-9pm 3-9pm 11-6pm show</u></p> <p>Name of Organization and Event Being Held <u>The Melody Within, LLC</u></p> <p>Address <u>66 W Main St.</u></p> <p>Contact Person: <u>Kayla Rounsevell</u></p> <p>Phone Numbers: Home: <u>419 571-7565</u></p> <p>Work: _____ Cell: _____</p> <p>PCTC Requested Services: (Identify No. Needed)</p> <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td><input type="checkbox"/> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs <u>300</u></td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input type="checkbox"/> Tables <u>1</u></td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> Dinner</td> </tr> </table> <p>For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR	<input checked="" type="checkbox"/> Chairs <u>300</u>	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Tables <u>1</u>	<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"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Dinner	<p>Date Request Submitted <u>07-17-18</u></p> <p>Room(s) / Area Requested: <u>Arena E109 E118 E124 Teacher's Lounge</u></p> <p>Number of Persons Attending Meeting _____</p> <p>Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____</p> <p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Address: _____</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>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>
<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR																				
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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

Action Taken	Date	By
Approved and Booked	<u>7/17/2018</u>	<u>KRB</u>
Billed for Services		
Referred to Board		

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.

Kayla Rounsevell
Signature (person in charge of activity)

Date: 07-17-18

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!