

know date Dec 20, 2018

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) 12/18/2018	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday			August 16, 2018
Event Time(s) 5:30 PM	4:30 p.m.	7:30 p.m.	Room(s) / Area Requested:
Name of Organization Adult Education Graduation Ceremony		Number of Persons Attending Meeting 150	Arena
Address PCTC		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Crystal Escalera		Business Name: _____	
Phone Numbers: Home: 567 224-0700		Contact Person: _____	
Work: 419 347-7744 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
## Chairs 1	Microphone	Drinks	Estimated time of arrival at Pioneer for setup/delivery: _____
Tables	Ovrhd. Proj.	Snacks	Other/Specify: _____
Chalkboard	Video Camera	Luncheon	_____
1 Lectern	Video Recorder	Dinner	_____
2 Coat Racks	1 Internet Access		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
For specific room setup, see attached design: (check one)			
<input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No			

Part II - To be completed by PCTC Personnel

Responsibility Notice

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

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.

Signature (person in charge of activity) _____

Date: Crystal Escalera 08-16-18

Action Taken	Date	By
Approved and Booked	8/17/18	MEB
Billed for Services		
Referred to Board		

Thank you for selecting Pioneer for your event!

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.