

# 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) <b>1/4/2019</b>		Setup Time <b>7:30</b>	Tear Down Time <b>11:00</b>	Date Request Submitted <b>May 25, 2018</b>																								
Activity: Day(s) <b>Thursday</b>				Room(s) / Area Requested: <b>Community Room</b>																								
Event Time(s) <b>8:45 AM</b>																												
Name of Organization and Event Being Held <b>Partner School Principals Meeting</b>		Number of Persons Attending Meeting <b>25</b>																										
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																										
Contact Person: <b>Tina Hurst, ext. 42200</b>		Business Name: _____																										
Phone Numbers: Home: _____		Contact Person: _____																										
Work: _____ Cell: _____		Phone Number: _____																										
PCTC Requested Services: (Identify No. Needed)		Address: _____																										
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td><input checked="" type="checkbox"/> Café OR</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input checked="" type="checkbox"/> Breakfast</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input checked="" type="checkbox"/> Café OR	<input type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks		<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" type="checkbox"/> Breakfast		<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon		<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<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: _____ <b>Breakfast arrangements made with J. Fortman as event approaches, tables/chairs in "U" shape with open end and podium at east end of room</b>		
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For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																										
<input checked="" type="checkbox"/> Yes or <input 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.

**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		

**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!**