

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) 20-Nov-18		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday				August 22, 2018
Event Time(s) AM		9:00 AM	1:00	Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer Thanksgiving Feast		Number of Persons Attending Meeting		Cafeteria
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Vickie Hunt		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		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		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery: _____		
Room Setup Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Ovrd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Other/Specify: _____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>8/23</u>		
<u> </u> Yes or <u> </u> 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.

V. Hunt
Signature (person in charge of activity)

Action Taken	Date	By
Approved and Booked	8/28/18	MYB
Billed for Services		
Referred to Board		

Date: 8/22/18

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!