

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) 18-Oct-18		Setup Time	Tear Down Time	Date Request Submitted October 5, 2018
Activity: Day(s) Thursday				Room(s) / Area Requested: Preschool Room
Event Time(s) 9-10 and 12-1pm		Name of Organization and Event Being Held Grandparents Day		Number of Persons Attending Meeting 36
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Stephanie Roberts		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>Yes</u> or <u>No</u>		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Other/Specify: <u>N/A</u>		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera			
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder			
<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

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: Stephanie Roberts
Signature (person in charge of activity)

Date: 10-5-18

Action Taken	Date	By
Approved and Booked	10/10/18	WRB
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

Thank you for selecting Pioneer for your event!