

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) 16-Nov-18		Setup Time 7:30	Tear Down Time 1015-11	Date Request Submitted October 22, 2018
Activity: Day(s) _____				Room(s) / Area Requested: Arena
Event Time(s) 830-915 and 930-1015		Name of Organization R. Hager on behalf of A-Team Committee		
Address PCTC		Number of Persons Attending Meeting 30 Orgs / into two groups		
Contact Person: Mrs. Robin Hager		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: ext. 42841 Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
Room Setup	Electronic	Address: _____		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No		
<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Other/Specify: _____		
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)				
<input 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	\$0.00
Custodial Services	_____
Food Services	_____
Other	_____
Total Fee Estimate	\$0.00

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	10/23/18	[Signature]
Billed for Services		
Referred to Board		

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of **\$ 0.00** 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: **October 23, 2014**

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.