

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) 12/12/2018		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday				October 25, 2018
Event Time(s) 11:00 A - 12 N		10:30	12:30	Room(s) / Area Requested:
Name of Organization and Event Being Held Girls Non Trad Speaker - Kira Daczko		Number of Persons Attending Meeting 45		DLTC
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: 42921 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Room Setup <u>Electronic</u> ___ Chairs ___ Microphone ___ Drinks ___ Tables ___ Ovrhd. Proj. ___ Snacks ___ Chalkboard ___ Video Camera ___ Breakfast ___ Lectern ___ Video Recorder <input checked="" type="checkbox"/> Luncheon ___ Coat Racks ___ Internet Access ___ Dinner		Estimated time of arrival at Pioneer for setup/delivery: 10:30		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

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

Action Taken	Date	By
Approved and Booked	10/29/2018	WKS
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 \$ _____ 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: _____

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!