

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) 11/28/2018 and 12/4/18		Setup Time	Tear Down Time	Date Request Submitted November 5, 2018																					
Activity: Day(s) Wednesdays 12/4/18				Room(s) / Area Requested: Community Room, for Performing Arts to use																					
Event Time(s) all day																									
Name of Organization and Event Being Held Career Development: Boys Non-trad Day		Number of Persons Attending Meeting 25 ±																							
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: Jim Sorenson		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: 42922 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>																							
<table border="0"> <tr> <td><u>Café</u> OR</td> <td></td> <td></td> </tr> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table>		<u>Café</u> OR			<u>Room Setup</u>	<u>Electronic</u>	<u>Culinary Arts</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Snacks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Café</u> OR																									
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>X No</u>		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	\$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

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	11/5/2018	JMS
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!