

VJK

Building Utilization Request



Pioneer Career and Technology Cent
 ATTN: Director of Business Affa
 27 Ryan Road, Shelby, OH 448

Part I - To be completed by organization requesting building utilization

Date(s) <u>12/14/18</u>	Setup Time	Tear Down Time	Date Request Submitted <u>12/12/18</u>
Activity: Day(s) <u>Fri</u>			Room(s) / Area Requested:
Event Time(s) <u>8:10</u>			

Name of Organization and Event Being Held <u>Winter Sports</u>	Number of Persons Attending Meeting <u>Arena</u>
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Address _____
 Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____

Contact Person: Lynn Moritz Business Name: _____
 Phone Numbers: Home: _____ Contact Person: _____
 Work: _____ Cell: _____ Phone Number: _____

Address: _____

PCTC Requested Services: (Identify No. Needed)
 If specific hookup/utility needs are required see attached: (check one) Yes or No

<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Dinner		

For specific room setup, see attached design: (check one)
Yes or No
 Estimated time of arrival at Pioneer for setup/delivery _____
 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.	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.
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
Any and all information on this form may be shared with the public through our publicly accessed calendar.

Action Taken	Date	By
Approved and Booked	<u>12/12/18</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

Signature (person in charge of activity) _____
 Date: 12/12/18