

**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) <u>12/14/15</u>	Setup Time <u>8am</u>	Tear Down Time <u>12pm</u>	Date Request Submitted <u>11/30/15</u>
Activity: Day(s) <u>Monday</u>			Room(s) / Area Requested: <u>Arena</u>
Event Time(s) <u>9:00am</u>			
Name of Organization and Event Being Held <u>Communications/Job Leads</u>		Number of Persons Attending Meeting <u>100/200</u>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Katie Stone</u>		Business Name: <u>Kokosing Construction</u>	
Phone Numbers: Home: _____		Contact Person: _____	
Work: <u>ext. 42941</u> Cell: _____		Phone Number: _____	
Address: _____		Address: _____	
PCTC Requested Services: (Identify No. Needed)		If specific hook up/utility needs are required see attached: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No - <u>Video / power point</u>	
Room Setup	<input checked="" type="checkbox"/> Electronic <u>Laptop</u>	<input type="checkbox"/> Café OR	
<input type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	
<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery: <u>8:30am</u>
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks	Other/Specify: _____
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Breakfast	_____
<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon	_____
<input type="checkbox"/> Dinner			
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <u>See Deck</u>			

**Part II - To be completed by PCTC Personnel**

**Responsibility Notice**

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): [Signature]

Date: 11/30/15

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	<u>12/11/2015</u>	<u>[Signature]</u>
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!

Stage

(middle screen down)

□ ← Podium

