

# Building Utilization Request



# Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

Board

**Part I - To be completed by organization requesting building utilization**

Date(s) <b>Dec. 8,9,15,16</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Various</b>				June 5, 2015
Event Time(s) <b>All Day</b>				Room(s) / Area Requested: <del>SE118</del> <b>Comm. Rm (lunch 8 or 15) Pion. Rm (lunch on 9 or 16)</b>
Name of Organization <b>Career Development BOYS AND GIRLS NON-TRAD DAYS</b>			Number of Persons Attending Meeting <b>15-75</b>	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Jim Sorenson &amp; Vickie Hunt</b>			Business Name: _____	
Phone Numbers: Home: <b>jim 42922</b>			Contact Person: _____	
Work: _____ Cell: <b>vickie 42921</b>			Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)			Address: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Cafe/Culinary Arts</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	Other/Specify: _____	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" type="checkbox"/> Luncheon	_____	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner	_____	
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

**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**

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.

Action Taken	Date	By
Approved and Booked	6/10/15	9/
Billed for Services		
Referred to Board		

Signature (person in charge of activity) \_\_\_\_\_

Date: \_\_\_\_\_

**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.