

# 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) <b>December 8-21, 2016</b>		Setup Time	Tear Down Time	Date Request Submitted <b>November 2, 2016</b>
Activity: Day(s) <b>MON-FRI</b>				Room(s) / Area Requested: <b>E108 (Brown Related Classroom)</b>
Event Time(s) <b>All Day</b>				
Name of Organization and Event Being Held <b>OST Testing</b>		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Mindy Owen</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>Ext 42250</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed) <b>* See attached</b> <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		Address: _____		
Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No <b>Additional Desks Needed</b>		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.

Rental .....

Custodial Services .....

Food Services .....

Other .....

**Total Fee Estimate** .....

**Note:** Final invoice billing based upon actual costs following the event/activity.

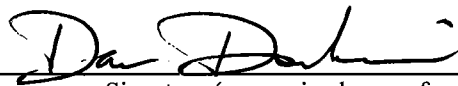
Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked	11/15/16	WLB
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: **11-11-16**

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!

E108 – Mr. Brown Related Classroom

We need a total of 25 desks in the classroom.

(Currently has 17 desks)

— We can probably borrow  
from Food Science related room)

Luke Brenneman is currently checking to see if the computers in that  
classroom can be utilized.

MyB

they are not equipped  
to handle the testing