

*JM*

# 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>2/28/2017</b>	Setup Time	Tear Down Time	Date Request Submitted <b>January 11, 2017</b>
Activity: Day(s) <b>Make-up 03/02/17</b>			Room(s) / Area Requested: <b>Community Room</b>
Event Time(s) <b>8 AM till 2 PM</b>			
Name of Organization and Event Being Held <b>Live and Learn</b>	Number of Persons Attending Meeting <b>15</b>		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Randy L. Endsley</b>	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) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Café</u> OR <input checked="" type="checkbox"/> <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> <u>Chairs</u> ___ <u>Microphone</u> <input checked="" type="checkbox"/> <u>Drinks</u>	Other/Specify: _____		
<input checked="" type="checkbox"/> <u>Tables</u> ___ <u>Ovrhd. Proj.</u> <input checked="" type="checkbox"/> <u>Snacks</u>	_____		
___ <u>Chalkboard</u> ___ <u>Video Camera</u> ___ <u>Breakfast</u>	_____		
___ <u>Lectern</u> ___ <u>Video Recorder</u> <input checked="" type="checkbox"/> <u>Luncheon</u>	_____		
___ <u>Coat Racks</u> ___ <u>Internet Access</u> ___ <u>Dinner</u>	_____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> <u>Yes</u> or ___ <u>No</u> <i>See back</i>	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

## Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p>
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	1/18/2017	<i>[Signature]</i>	
Billed for Services			
Referred to Board			
Signature (person in charge of activity) <i>Randy L. Endsley</i> Date: <b>01-11-17</b>			

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!**

Community Room

U-shape

Pioneer Room

Table 4