

# Building Utilization Request



# Pioneer Career and Technology Center

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

WJ

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

|   |                     |   |                |  |
|---|---------------------|---|----------------|--|
| Date(s) <b>22-Feb-17</b>                                  |                     | Setup Time  | Tear Down Time | Date Request Submitted                             |
| Activity: Day(s) <b>Wednesday</b>                         |                     |   |                | February 13, 2017                                  |
| Event Time(s) <b>8:20-9:05</b>                            |                     |   |                | Room(s) / Area Requested:<br><b>Community Room</b> |
| Name of Organization<br><b>HOSA: Millward and Myers</b>   |                     | Number of Persons Attending Meeting<br><b>40</b>  |                |  |
| Address   |                     | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)         |                |  |
| Contact Person: _____                                     |                     | Business Name: _____  |                |  |
| Phone Numbers: Home: _____                                |                     | Contact Person: _____   |                |  |
| Work: _____ Cell: _____                                   |                     | Phone Number: _____   |                |  |
| PCTC Requested Services: (Identify No. Needed)            |                     | Address: _____  |                |  |
| <u>Room Setup</u>   | <u>Electronic</u>   | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> |                |  |
| <u>Café/Culinary Arts</u>                                 |                     | Estimated time of arrival at Pioneer for setup/delivery: _____                                  |                |  |
| ___ Chairs  | ___ Microphone      | Other/Specify: _____  |                |  |
| ___ Tables  | ___ Ovrhd. Proj.    | _____   |                |  |
| ___ Chalkboard  | ___ Video Camera    | _____   |                |  |
| ___ Lectern   | ___ Video Recorder  | _____   |                |  |
| ___ Coat Racks  | ___ Internet Access | _____   |                |  |
| For specific room setup, see attached design: (check one) |                     | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____             |                |  |
| <u>Yes</u> or <u>No</u>                                   |                     |   |                |  |

**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 | 2/14/2017 | WJB |
| 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.