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# 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>4/7/2017</u>		Setup Time <b>8:00</b>	Tear Down Time <b>2:00</b>	Date Request Submitted <b>April 5, 2017</b>
Activity: Day(s) <b>Friday</b>				Room(s) / Area Requested: <b>Arena</b>
Event Time(s) <b>9:00</b>				
Name of Organization <b>Distracted Driving Presentation</b>		Number of Persons Attending Meeting <b>250</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Jim Calhoon</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>EXT 42203</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	<u>Electronic</u>	<u>Café/Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>
<u>280</u> Chairs	<u>X</u> Microphone	_____ Drinks		Estimated time of arrival at Pioneer for setup/delivery: _____
_____ Tables	_____ Ovrhd. Proj.	_____ Snacks		Other/Specify: _____
_____ Chalkboard	_____ Video Camera	_____ Luncheon		_____
_____ Lectern	_____ Video Recorder	_____ Dinner		_____
_____ Coat Racks	_____ Internet Access			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____
For specific room setup, see attached design: (check one)				
<u>Yes</u> or <u>No</u>				

*I WILL SET UP & TEAR DOWN CHAIRS*

## Part II - To be completed by PCTC Personnel

<b>Responsibility Notice</b>	
Estimate Calculation of Fees: Attach any pertinent paper Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note: Final invoice billing based upon actual costs following the event/activity.</b> 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 <i>[Signature]</i>	

*Handwritten signature*

Signature (person in charge of activity)