

# Building Utilization Request

**Pioneer**

## 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>June 12 and August 7, 2017</b>		Setup Time	Tear Down Time	Date Request Submitted <b>May 10, 2017</b>
Activity: Day(s) <b>Monday</b>				
Event Time(s) <b>7:30 am-3:30 pm</b>				Room(s) / Area Requested: <b>C114, Community Room, Horticulture Related Room</b>
Name of Organization and Event Being Held <b>Chromebook Camp--Pioneer</b>		Number of Persons Attending Meeting <b>50</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Dena Kirby, Don Paulin</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>43252, 43204</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <b>Room Setup</b> <input type="checkbox"/> <b>Electronic</b> <input type="checkbox"/> <b>Café OR Culinary Arts</b>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>		
<input checked="" type="checkbox"/> <b>Chairs</b> <input type="checkbox"/> <b>Microphone</b> <input type="checkbox"/> <b>Drinks</b>		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> <b>Tables</b> <input type="checkbox"/> <b>Ovrhd. Proj.</b> <input type="checkbox"/> <b>Snacks</b>		Other/Specify: _____		
<input type="checkbox"/> <b>Chalkboard</b> <input type="checkbox"/> <b>Video Camera</b> <input type="checkbox"/> <b>Breakfast</b>		_____		
<input type="checkbox"/> <b>Lectern</b> <input type="checkbox"/> <b>Video Recorder</b> <input type="checkbox"/> <b>Luncheon</b>		_____		
<input type="checkbox"/> <b>Coat Racks</b> <input type="checkbox"/> <b>Internet Access</b> <input type="checkbox"/> <b>Dinner</b>		_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>				

### Part II - To be completed by PCTC Personnel

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: <b>Pioneer CTC</b>		
Action Taken	Date	By
Approved and Booked	<b>5/11/17</b>	<b>[Signature]</b>
Billed for Services		
Referred to Board		

### Responsibility Notice

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.

**Dena L. Kirby (Don Paulin)**  
Signature (person in charge of activity)  
Date: **5-10-17**

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

Thank you for selecting Pioneer for your event!

Revised 07/16