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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) <del>5/2/2018</del> <u>April 24, 2018</u> Activity: Day(s) <u>Wednesday Thursday</u> Event Time(s) <u>10:27-12:19</u>	Setup Time <u>9:30</u>	Tear Down Time <u>12:30</u>	Date Request Submitted <u>May 30, 2017</u> Room(s) / Area Requested: <u>Becky Nichols laundry room/outside the cafeteria</u>																					
Name of Organization and Event Being Held <del>Jostens Senior Meeting (Grad. Announcements)</del> <u>Senior Delivery</u>		Number of Persons Attending Meeting <u>Seniors</u>																						
Address Contact Person: <u>Jim Conrad</u> Phone Numbers: Home: _____ Work: _____ Cell: _____		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																						
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border: none;"> <tr> <td style="border: none;"><u>Room Setup</u></td> <td style="border: none;"><u>Electronic</u></td> <td style="border: none;"><u>Café</u> OR</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Chairs</td> <td style="border: none;"><input type="checkbox"/> Microphone</td> <td style="border: none;"><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Tables</td> <td style="border: none;"><input type="checkbox"/> Ovrhd. Proj.</td> <td style="border: none;"><input type="checkbox"/> Drinks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chalkboard</td> <td style="border: none;"><input type="checkbox"/> Video Camera</td> <td style="border: none;"><input type="checkbox"/> Snacks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lectern</td> <td style="border: none;"><input type="checkbox"/> Video Recorder</td> <td style="border: none;"><input type="checkbox"/> Breakfast</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coat Racks</td> <td style="border: none;"><input type="checkbox"/> Internet Access</td> <td style="border: none;"><input type="checkbox"/> Luncheon</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Please have one 8 ft. table outside Becky's room in the hallway and 2 8 ft. tables inside her laundry room with 2 chairs</u>	
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Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		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 .....	_____
<b>Total Fee Estimate</b>	_____

**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.

**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: \_\_\_\_\_

Action Taken	Date	By
Approved and Booked	6/2/17	
Billed for Services		
Referred to Board		