

9/15/17; 10/20/17; 11/17/17; 1/19/18 2/29/18 3/16/18 Sept. 15 + sn *ML*

**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>All CTSO Days</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____				All CTSO Days
Event Time(s) <u>8:50 - 10:20</u>		Room(s) / Area Requested:		
Name of Organization and Event Being Held <b>BPA CTSO</b>		Number of Persons Attending Meeting <b>90</b>	<u>W119, W121, W121A</u> <i>overflow room</i> <i>Library inside of center</i>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Marianne Ritchie, Dan Foss</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42714</u> Cell: _____		Phone Number: _____		
Address		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>	<u>Café</u> OR	Estimated time of arrival at Pioneer for setup/delivery: _____	
_____ Chairs	_____ Microphone	<u>Culinary Arts</u>	_____	
_____ Tables	_____ Ovrhd. Proj.	_____ Drinks	Other/Specify: _____	
_____ Chalkboard	_____ Video Camera	_____ Snacks	_____	
_____ Lectern	_____ Video Recorder	_____ Breakfast	_____	
_____ Coat Racks	_____ Internet Access	_____ Luncheon	_____	
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.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Action Taken	Date	By
Approved and Booked	9/13/2017	<i>MLB</i>
Billed for Services		
Referred to Board		

Signature (person in charge of activity): *Dan Foss*

Date: 9-11-17

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 school.

**Thank you for selecting Pioneer for your event!**

Revised 07/15