

# 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) <b>10/20/2017</b>		Setup Time	Tear Down Time	Date Request Submitted	
Activity: Day(s) <b>Friday</b>				May 23, 2017	
Event Time(s) <b>8:50-10:20</b>				Room(s) / Area Requested: <b>cafeteria</b>	
Name of Organization and Event Being Held <b>HOSA</b>			Number of Persons Attending Meeting <b>150</b>		
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Myers/Millward</b>			Business Name: _____		
Phone Numbers: Home: _____			Contact Person: _____		
Work: _____ Cell: _____			Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)			Address: _____		
<input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u> <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner			If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>		
For specific room setup, see attached design: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>			Estimated time of arrival at Pioneer for setup/delivery: _____		
			Other/Specify: _____		
			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 ..... \_\_\_\_\_

**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	9/14/2017	MYB
Billed for Services		
Referred to Board		

Signature (person in charge of activity)  
*[Signature]*

Date: **5/23/17**

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!