

**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>9/20, 10/18, 11/15, 12/20</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>1/12, 2/21, 3/21, 4/25, 5/16</u>	14:00	16:00	<u>May 18, 2017</u>
Event Time(s) <u>2:35</u>			Room(s) / Area Requested:

Name of Organization and Event Being Held <b>EAP</b>	Number of Persons Attending Meeting <b>Up to 50</b>	<b>Cafeteria 9/20, Community Room all other dates</b>
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Address <b>27 Ryan Road Shelby, OH 44875</b>	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
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Contact Person: <u><b>Kendra Roberts</b></u>	Business Name: <u><b>Pauls Drive In Sept. 20 Meeting</b></u>
Phone Numbers: Home: _____	Contact Person: _____
Work: ext. <u><b>42565</b></u> Cell: <u><b>419 564-9507</b></u>	Phone Number: _____

<p>PCTC Requested Services: (Identify No. Needed)</p> <p>Room Setup      <u>Electronic</u>      <u>Café</u> OR <u>Culinary Arts</u></p> <p><input checked="" type="checkbox"/> Chairs      ___ Microphone      ___ Drinks</p> <p><input checked="" type="checkbox"/> Tables      ___ Ovrhd. Proj.      ___ Snacks</p> <p>___ Chalkboard      ___ Video Camera      ___ Breakfast</p> <p>___ Lectern      ___ Video Recorder      ___ Luncheon</p> <p>___ Coat Racks      ___ Internet Access      ___ Dinner</p> <p>For specific room setup, see attached design: (check one) ___ Yes or ___ No</p>	<p>Address: _____</p> <p>If specific hookup/utility needs are required see attached: (check one)      ___ Yes or ___ No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>
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**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	<u>5/18/2017</u>	<u>KRB</u>
Billed for Services		
Referred to Board		

*K. Roberts*  
Signature (person in charge of activity)

Date: 5/18/2017