

# 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>9/16/15, 10/14/15, 11/18/15, 12/16/15,</u><br>Activity: Day(s) <u>1/14/16, 2/11/16, 3/10/16, 4/20/16, 5/18/16</u><br>Event Time(s) <b>2:30 PM</b>  | Setup Time<br><b>2:00pm</b> | Tear Down Time<br><b>3:30pm</b>  | Date Request Submitted<br><b>August 19, 2015</b><br><br>Room(s) / Area Requested:<br><b>Cafeteria</b> |
| Name of Organization and Event Being Held<br><b>EAP - Monthly Mtg.</b>  |                             | Number of Persons Attending Meeting<br><b>Up to 50</b>   |   |
| Address <b>27 Ryan Road</b><br><b>Shelby, OH 44875</b>  |                             | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  |   |
| Contact Person: <u>Kendra Roberts</u><br>Phone Numbers: x42561 Home: _____<br>Work: <u>419 347-7744</u> Cell: <u>419 564-9507</u>   |                             | Business Name: <u>9/15/15 Mtg. Paul's Drive In</u><br>Contact Person: _____<br>Phone Number: _____<br>Address: _____   |   |
| PCTC Requested Services: (Identify No. Needed)<br>Room Setup      Electronic <u>  </u> Café OR <u>  </u> Culinary Arts<br><input checked="" type="checkbox"/> Chairs <u>  </u> Microphone <u>  </u> Drinks<br><input checked="" type="checkbox"/> Tables <u>  </u> Ovrhd. Proj. <u>  </u> Snacks<br><u>  </u> Chalkboard <u>  </u> Video Camera <u>  </u> Breakfast<br><u>  </u> Lectern <u>  </u> Video Recorder <u>  </u> Luncheon<br><u>  </u> Coat Racks <u>  </u> Internet Access <u>  </u> Dinner<br>For specific room setup, see attached design: (check one)<br><u>  </u> Yes or <input checked="" type="checkbox"/> No |                             | If specific hookup/utility needs are required see attached: (check one) <u>  </u> Yes or <input checked="" type="checkbox"/> No<br>Estimated time of arrival at Pioneer for setup/delivery:<br><b>2:15pm on 9/15/15</b><br>Other/Specify: _____<br>_____<br>_____<br>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ |   |

**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:  
**Pioneer CTC**

| Action Taken        | Date           | By                 |
|---------------------|----------------|--------------------|
| Approved and Booked | <u>8/19/15</u> | <u>[Signature]</u> |
| 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.**

[Signature]  
Signature (person in charge of activity)

Date: 8/19/2015

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!**