

# 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>December 6 - 19, 2017</b>		Setup Time	Tear Down Time	Date Request Submitted <b>October 10, 2017</b>																					
Activity: Day(s) <b>MON - FRI</b>				Room(s) / Area Requested: <b>Community Room</b>																					
Event Time(s) <b>All Day</b>																									
Name of Organization and Event Being Held <b>OST / END OF COURSE TESTING</b>		Number of Persons Attending Meeting																							
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: <b>Mindy Owen</b>		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: <b>Ext 42250</b> Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td><b>34</b> Chairs</td> <td>Microphone</td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><b>17</b> Tables</td> <td>Ovrhd. Proj.</td> <td>Drinks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Snacks</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Breakfast</td> </tr> <tr> <td>Coat Racks</td> <td>Internet Access</td> <td>Luncheon</td> </tr> <tr> <td></td> <td></td> <td>Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<b>34</b> Chairs	Microphone	<u>Culinary Arts</u>	<b>17</b> Tables	Ovrhd. Proj.	Drinks	Chalkboard	Video Camera	Snacks	Lectern	Video Recorder	Breakfast	Coat Racks	Internet Access	Luncheon			Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR																							
<b>34</b> Chairs	Microphone	<u>Culinary Arts</u>																							
<b>17</b> Tables	Ovrhd. Proj.	Drinks																							
Chalkboard	Video Camera	Snacks																							
Lectern	Video Recorder	Breakfast																							
Coat Racks	Internet Access	Luncheon																							
		Dinner																							
For specific room setup, see attached design: (check one) <b>X Yes</b> or <u>No</u>		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.**

Action Taken	Date	By
Approved and Booked	10/11/2017	MJB
Billed for Services		
Referred to Board		

Signature (person in charge of activity)  
*Mindy Owen*

Date: 10/10/17

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!**