

# 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>W178 (Previously Flannery's Lab)</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: _____		
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		
<u>30</u> Chairs	<u>Microphone</u>	<u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>15</u> Tables	<u>Ovrhd. Proj.</u>		Other/Specify: _____	
<u>Chalkboard</u>	<u>Video Camera</u>		_____	
<u>Lectern</u>	<u>Video Recorder</u>		_____	
<u>Coat Racks</u>	<u>Internet Access</u>		_____	
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**

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

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: Mindy Owen  
Signature (person in charge of activity)

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!