

UPDATED

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# 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>3/1/2018</u>		Setup Time	Tear Down Time	Date Request Submitted	
Activity: Day(s) <u>Thursday</u>				January 30, 2018	
Event Time(s) <u>8:00a-3:00 pm</u>				Room(s) / Area Requested:	
Name of Organization and Event Being Held <b>Pioneer Literacy Team Training</b>			Number of Persons Attending Meeting <b>8</b>	<b>W164</b> <i>Donna. Rood</i>	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>V Hunt</u>			Business Name: _____		
Phone Numbers: Home: _____			Contact Person: _____		
Work: _____ Cell: _____			Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)			Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" 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"/> Yes or <input type="checkbox"/> No		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No			Estimated time of arrival at Pioneer for setup/delivery: _____		
			Other/Specify: <u>No special set up</u>		
			Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>January 16, 2018</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**

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: 1/16/18

Action Taken	Date	By
Approved and Booked	<u>2/2/2018</u>	<i>[Signature]</i>
Billed for Services		
Referred to Board		