

*RL*

# 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>3-19-18</u>	Setup Time	Tear Down Time	Date Request Submitted <u>3-7-18</u>
Activity: Day(s) <u>1</u>			Room(s) / Area Requested:
Event Time(s) <u>8:15 - 9:00</u>			
Name of Organization and Event Being Held <u>Crawford County Econ. Develop</u>	Number of Persons Attending Meeting <u>79</u>	<u>DLTC</u>	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
	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>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Room Setup</u> <u>Electronic</u> _____	Other/Specify: _____		
<u>Chairs</u> <u>Microphone</u> <u>Drinks</u>	_____		
<u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u>	_____		
<u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u>	_____		
<u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u>	_____		
<u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</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** \_\_\_\_\_

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.

**Note:** Final invoice billing based upon actual costs following the event/activity.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked	<u>3/9/2018</u>	<u>WFB</u>
Billed for Services		
Referred to Board		

Signature (person in charge of activity)

Date: \_\_\_\_\_

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!**