

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) 12/4/2015 | | Date Request Submitted August 27, 2015 |
| Activity: Day(s) Friday | | Room(s) / Area Requested: Arena |
| Time(s) 0700 - 1500 | | |
| Name of Organization American Red Cross | Number of Persons Attending Meeting Multiple | |
| Address | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | |
| Contact Person: Dawn Roberts | Business Name: _____ | |
| Phone Numbers: Home: _____ | Contact Person: _____ | |
| Work: 419 347-7744 Cell: _____ | Phone Number: _____ | |
| Address: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | |
| Room Setup | Electronic | Café/Culinary Arts |
| <input checked="" type="checkbox"/> Chairs | ____ Microphone | ____ Drinks |
| <input checked="" type="checkbox"/> Tables | ____ Ovrhd. Proj. | ____ Snacks |
| ____ Chalkboard | ____ Video Camera | ____ Luncheon |
| ____ Lectern | ____ Video Recorder | ____ Dinner |
| ____ Coat Racks | ____ Internet Access | |
| For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or _____ No | | |
| If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | | |
| Estimated time of arrival at Pioneer for setup/delivery: _____ | | |
| Other/Specify: _____ | | |
| 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 | 8/27/15 | [Signature] |
| 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.

Signature (person in charge of activity)
Dawn Roberts

Date: *27 Aug 15*

Thank you for selecting Pioneer for your event!