

# 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>September 15, 2015</b>   | Setup Time  | Tear Down Time | Date Request Submitted   |
| Activity: Day(s) <b>Tuesday</b>   | <b>3:30 pm on 9/14</b>  | <b>3 p.m.</b>  | <b>September 8, 2015</b>   |
| Event Time(s) <b>8 a.m. - 3 p.m.</b>  |   |                | Room(s) / Area Requested:  |
| Name of Organization<br><b>BPA Region 7 (officer screening)</b>   | Number of Persons Attending Meeting<br><b>40</b>  |                | <b>Community Room, Admin Conf Room, and Adult Ed/Stud Serv Conf Room</b> |
| Address   | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)                             |                |  |
| Contact Person: <b>Donnie Perry</b>   | Business Name: <b>none</b>  |                |  |
| Phone Numbers: Home: _____  | Contact Person: _____   |                |  |
| Work: <b>ext. 42993</b> Cell: <b>419 566-8046</b>   | Phone Number: _____   |                |  |
| PCTC Requested Services: (Identify No. Needed)  | Address: _____  |                |  |
| <u>Room Setup</u> <u>Electronic</u> <u>Café or Culinary Arts</u>  | If specific hookup/utility needs are required see attached: (check one) <u>  </u> <b>Yes</b> or <u>  </u> <b>No</b> |                |  |
| <b>25</b> Chairs <u>  </u> Microphone      (circle one)   | Estimated time of arrival at Pioneer for setup/delivery: _____  |                |  |
| <b>11</b> Tables <u>  </u> Ovrhd. Proj. <u>  </u> Drinks  | Other/Specify: _____  |                |  |
| <u>  </u> Chalkboard <u>  </u> Video Camera <u>  </u> Snacks  | _____   |                |  |
| <u>  </u> Lectern <u>  </u> Video Recorder <u>  </u> Luncheon   | _____   |                |  |
| <u>  </u> Coat Racks <u>  </u> Internet Access <u>  </u> Dinner   | _____   |                |  |
| For specific room setup, see attached design: (check one)<br><u>  </u> <b>Yes</b> or <u>  </u> <b>No</b> <b>Make furniture available - I will take care of setup.</b> | 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 .....

**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.**

| Action Taken        | Date    | By |
|---------------------|---------|----|
| Approved and Booked | 9/10/15 | 9  |
| Billed for Services |         |    |
| Referred to Board   |         |    |

**Donnie Perry**

Signature (person in charge of activity)

Date: **September 9, 2014**

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!**

Revised 07/15