

**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>9/11/2015</u>		Setup Time	Tear Down Time	Date Request Submitted	
Activity: Day(s) <u>FRIDAY</u>				September 9, 2015	
Event Time(s) <u>all day</u>				Room(s) / Area Requested: <u>COMMUNITY ROOM</u>	
Name of Organization <b>Tanning Licensure for Cosmetology Students - Juniors and Seniors</b>			Number of Persons Attending Meeting <u>50-65-70</u>		
Address <b>PCTC</b>			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>MRS. TOCASH</u>			Business Name: _____		
Phone Numbers: Home: _____			Contact Person: _____		
Work: _____ Cell: _____			Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)			Address: _____		
<u>X</u> Room Setup	<u>  </u> Electronic	<u>  </u> Café/Culinary Arts		If specific hookup/utility needs are required see attached: (check one) <u>  </u> Yes or <u>  </u> No	
<u>  </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> Luncheon			
<u>  </u> Lectern	<u>  </u> Video Recorder	<u>  </u> Dinner			
<u>  </u> Coat Racks	<u>  </u> Internet Access				
For specific room setup, see attached design: (check one)			Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>  </u> Yes or <u>  </u> No			Other/Specify: _____		
			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**

Action Taken	Date	By
Approved and Booked	<u>9/10/15</u>	<u>[Signature]</u>
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.

[Signature]  
Signature (person in charge of activity)

Date: 9/9/15

**Thank you for selecting Pioneer for your event!**

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.