

# 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>Thursday October 1, 2015</b>		Date Request Submitted <b>September 16, 2015</b>
Activity: Day(s) _____		Room(s) / Area Requested: <b>DLCT</b>
Time(s) <b>PM Day at 11:45</b>		
Name of Organization <b>OSU talk to Labs</b>	Number of Persons Attending Meeting <b>100</b>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <b>Laurie Easler</b>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: <b>#### 42257</b> Cell: _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>
		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

### Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers.

Rental .....	<b>\$0.00</b>
Custodial Services .....	<b>0.00</b>
Food Services .....	
Other .....	
<b>Total Fee Estimate</b>	<b>\$0.00</b>

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

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.

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

Signature (person in charge of activity)

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

Action Taken	Date	By
Approved and Booked	9/17/15	J
Billed for Services		
Referred to Board		

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