

# 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/department/individual requesting utilization**

Date(s) <b>11/27/2018</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s)			<b>November 5, 2018</b>
Event Time(s) <b>8:00 AM - 2:30 PM</b>	<b>8:00 AM</b>	<b>2:30 PM</b>	Room(s) / Area Requested:

Name of Organization and Event Being Held <b>Materials Science Classes (Penwell, Woods, Clark)</b>	Number of Persons Attending Meeting <b>~60-70 per period</b>	<b>Community Room</b>
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Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
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Contact Person: <b>Penwell</b>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: <b>ext 42836</b> Cell: _____	Phone Number: _____

PCTC Requested Services: (Identify No. Needed) <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> X Chairs <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> XX Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	Address: _____ 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: _____
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**Part II: To be completed by PCTC Personnel**      **Responsibility Note**

Estimate Calculation of Fees: Attach any pertinent papers.

Rental .....	_____
Custodial Services .....	_____
Food Services .....	_____
Other .....	_____
<b>Total Fee Estimate</b>	_____

**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.**

Signature (person in charge of activity)  
 \_\_\_\_\_  
 Date: **11/5/18**

Action Taken	Date	By
Approved and Booked	11/14/18	
Billed for Services		
Referred to Board		

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 submitting this request for your event!**