

# 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>See Attached</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>See Attached</b>			<b>April 8, 2016</b>
Event Time(s) <b>See Attached</b>	<b>See Attached</b>	<b>See Attached</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Denise Thompson (Denise's Twirlettes)</b>		Number of Persons Attending Meeting <b>300</b>	<b>ARENA</b>
Address <b>15 Grant Dr.</b> <b>Shelby, OH. 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Denise Thompson</b>	Business Name: <b>NA</b>		
Phone Numbers: Home: <b>419 347-4455</b>	Contact Person: _____		
Work: _____ Cell: <b>419 571-2948</b>	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u> <input checked="" type="checkbox"/> <u>Chairs</u> <input checked="" type="checkbox"/> <u>Microphone</u> <input type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Snacks</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Video Recorder</u> <input type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Coat Racks</u> <input type="checkbox"/> <u>Internet Access</u> <input type="checkbox"/> <u>Dinner</u>		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: _____ _____ _____	
For specific room setup, see attached design: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</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**

Action Taken	Date	By
Approved and Booked	<i>4/8/2016</i>	<i>NTB</i>
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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

*Denise Thompson*  
Signature (person in charge of activity)

Date: **4-8-16**

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!**