

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) 10/7/2016	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday			August 23, 2016
Event Time(s) 8:00 - 4:00	8:00	4:00	Room(s) / Area Requested:
Name of Organization and Event Being Held Blood Drive	Number of Persons Attending Meeting Varies		Arena
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Dawn Roberts/Tyler Trapp	Business Name: American Red Cross		
Phone Numbers: Home: _____	Contact Person: Emily Allen		
Work: 419 347-7744 Cell: 419 512-4140	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
	If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No		
Room Setup	<u> </u> Café OR	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Electronic	<u> </u> Culinary Arts	
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	
	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Yes or <input type="checkbox"/> No	Other/Specify: _____		

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.

Signature (person in charge of activity)
Dawn Roberts

Date: **23 Aug 16**

Action Taken	Date	By
Approved and Booked	8/25/2016	MYB
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 selecting Pioneer for your event!

N

7 Oct 16 Blood Drive map

Arena Map

