

# 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>October 13 and 18, 2016</b>		Setup Time	Tear Down Time	Date Request Submitted <b>September 28, 2016</b>
Activity: Day(s) <b>Thursday and Tuesday</b>				Room(s) / Area Requested: <b>just outside the Cafeteria</b>
Event Time(s) <b>2:30 pm to 7:00 pm</b>		Name of Organization and Event Being Held <b>Pioneer Alumni Association Bake Sale</b>		
Address		Number of Persons Attending Meeting		
Contact Person: <b>Karen Donahue ext 42100</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs      _____ Microphone      _____ Drinks <input checked="" type="checkbox"/> Tables      _____ Ovrhd. Proj.      _____ Snacks _____ Chalkboard      _____ Video Camera      _____ Breakfast _____ Lectern      _____ Video Recorder      _____ Luncheon _____ Coat Racks      _____ Internet Access      _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>borrow coffee pot from Cafeteria</u>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

## Part II - To be completed by PCTC Personnel

**Responsibility Notice**

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)  
*Karen Donahue*

Date: 9-28-2016

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**

Action Taken	Date	By
Approved and Booked	9/28/2016	WLB
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!**