

# Building Utilization Request



# Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

*rdh*

## Part I - To be completed by organization requesting building utilization

Date(s) <b>10/13/2016</b>		Setup Time	Tear Down Time	Date Request Submitted <b>September 27, 2016</b>
Activity: Day(s) <b>Thursday</b>				Room(s) / Area Requested: <b>Library &amp; Library Computer Lab</b>
Event Time(s) <b>6:00 PM</b>				
Name of Organization <b>Student Services FAFSA meeting</b>		Number of Persons Attending Meeting <b>45</b>		
Address <b>PCTC</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Crystal Escalera</b>		Business Name: _____		
Phone Numbers: Home: <b>567 224-0700</b>		Contact Person: _____		
Work: <b>419 347-7744</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	Electronic	Café/Culinary Arts		
Chairs	<u>1</u> Microphone	Drinks		
Tables	Ovrhd. Proj.	Snacks		
Chalkboard	Video Camera	Luncheon		
Lectern	Video Recorder	Dinner		
Coat Racks	Internet Access			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> <b>No</b>		
<u>Yes</u> or <input checked="" 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

Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p>Signature (person in charge of activity) _____</p> <p>Date: <u>Crystal Escalera 9-27-16</u></p>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	<p><b>Thank you for selecting Pioneer for your event!</b></p> <p>It is the policy of Pioneer Career &amp; Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.</p>		
Approved and Booked	10/3/2016	<i>WLB</i>			
Billed for Services					
Referred to Board					