

# Building Utilization Request



# Pioneer Career and Technology Center

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

*VON*

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

Date(s) <b>21-Oct-16</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday</b>				<b>October 12, 2016</b>
Event Time(s) <b>8:50-10:20</b>				Room(s) / Area Requested: <b>Community Room</b>
Name of Organization <b>HOSA</b>		Number of Persons Attending Meeting <b>80</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Mike Millward</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>x42787</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>80 Chairs</u>	<u>Microphone</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Tables</u>	<u>Ovrhd. Proj.</u>	Other/Specify: _____		
<u>Chalkboard</u>	<u>Video Camera</u>	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<u>Lectern</u>	<u>Video Recorder</u>			
<u>Coat Racks</u>	<u>Internet Access</u>			
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>				

## 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	10/14/2016	<i>WJL</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.

*[Signature]*  
Signature (person in charge of activity)

Date: **October 12, 2016**

**Thank you for selecting Pioneer for your event!**