

# 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>Nov 13 and 19</b>  |  | Setup Time | Tear Down Time   | Date Request Submitted                             |
| Activity: Day(s) <b>13th Tuesday 19th Monday</b>  |  |            |  | October 5, 2018                                    |
| Event Time(s) <b>2:30-6:30pm</b>  |  |            |  | Room(s) / Area Requested:<br><b>Preschool Room</b> |
| Name of Organization and Event Being Held<br><b>Preschool Parent Teacher Conferences</b>  |  |            | Number of Persons Attending Meeting<br><b>31</b>   |  |
| Address   |  |            | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  |  |
| Contact Person: <b>Stephanie Roberts</b>  |  |            | Business Name: _____   |  |
| Phone Numbers: Home: _____  |  |            | Contact Person: _____  |  |
| Work: _____ Cell: _____   |  |            | Phone Number: _____  |  |
| PCTC Requested Services: (Identify No. Needed)  |  |            | Address: _____   |  |
| <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts<br><input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks<br><input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks<br><input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon<br><input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner |  |            | If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No<br>Estimated time of arrival at Pioneer for setup/delivery: _____<br>Other/Specify: <b>N/A</b> |  |
| For specific room setup, see attached design: (check one)<br><input type="checkbox"/> Yes or <input type="checkbox"/> No  |  |            | 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 | 10/10/18 | [Signature] |
| 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.**

\_\_\_\_\_  
Signature (person in charge of activity)

Date: **10-5-18**

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!