

Moved from Nov. 20th to Nov. 27th

# 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) <u>27-Nov-18</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tuesday</u>				<u>November 2, 2018</u>
Event Time(s) <u>8:10-9:05 &amp; 11:38-12:33</u>		<u>8:00 AM</u>		Room(s) / Area Requested:
Name of Organization and Event Being Held <b>ASVAB Interpretation</b>		Number of Persons Attending Meeting <b>110 each session</b>		<b>DLTC</b>
Address <u>27 Ryan Road</u> <u>Shelby, Ohio 44875</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Dan Dornbirer</u>		Business Name: <u>Army National Guard</u>		
Phone Numbers: Home: _____		Contact Person: <u>Eric Hammond</u>		
Work: <u>42253</u> Cell: _____		Phone Number: <u>330-357-6115</u>		
PCTC Requested Services: (Identify No. Needed)		Address: <u>Mansfield, Ohio</u>		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Microphone <input checked="" type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks <input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: <u>8:00 AM</u> Other/Specify: <u>The interpretation is being moved from Nov. 20th to Nov 27th</u>		
For specific room setup, see attached design: (check one) <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**

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>			<b>Responsibility Notice</b> 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. <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td><u>10/5/2018</u></td> <td></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	<u>10/5/2018</u>		Billed for Services			Referred to Board			Signature (person in charge of activity) Date: _____	
Action Taken	Date	By												
Approved and Booked	<u>10/5/2018</u>													
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!**