

# 3/19 Update location to DLIC Please

*DL*

## Building Utilization Request



Pioneer Career and Technology Center  
 ATTN: Director of Business Affairs  
 27 Ryan Road, Shelby, OH 44888

*Part I - To be completed by organization requesting space booking room.*

Date(s) <u>4/22/19</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Monday</u>	<u>7:30</u>	<u>2:45</u>	<u>2/26/19</u>
Event Time(s) <u>8:00-2:25</u>			Room(s) / Area Requested:

Name of Organization and Event Being Held <u>Environmental Science Course</u> <u>Guest Speaker from ATE Bee Lab</u>	Number of Persons Attending Meeting <u>~50</u>	<u>DLIC</u> <u>Room</u>
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Address: 27 Ryan Rd

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Contact Person: Ali Woods

Business Name: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Work: ex 42835 Cell: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PCTC Requested Services: (Identify No. Needed)

If specific hookup/utility needs are required see attached: (check one) Yes or No

<u>50</u> Chairs	<u>2</u> Tables	<u>1</u> Lectern	<u>1</u> Coat Racks	<u>1</u> Microphone	<u>1</u> Ovrhd. Proj.	<u>1</u> Video Recorder	<u>1</u> Internet Access	<u>1</u> Culinary Arts	<u>1</u> Snacks	<u>1</u> Luncheon	<u>1</u> Dinner
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Estimated time of arrival at Pioneer for setup/delivery: \_\_\_\_\_

Other/Specify: \_\_\_\_\_

For specific room setup, see attached design: (check one)

Yes or 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.	<p><b>Responsibility Notice</b></p> <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>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>
Rental .....	
Custodial Services .....	
Food Services .....	
Other .....	
<b>Total Fee Estimate</b> .....	
<p>Note: Final invoice billing based upon actual costs following the event/activity.</p>	

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked		
Billed for Services		
Referred to Board		

Signature (person in charge of activity): Ali Woods

Date: 2/26/19