

# 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>Sept. 10, 2019</u>  |  | Setup Time  | Tear Down Time | Date Request Submitted<br><u>Aug. 28, 2019</u> |
| Activity: Day(s) <u>1</u>  |  |   |                | Room(s) / Area Requested:<br><u>DLTC</u>       |
| Event Time(s) <u>12 - 1:00</u>   |  |   |                |  |
| Name of Organization and Event Being Held<br><u>Michael Byrne Manuf.</u>   |  | Number of Persons Attending Meeting<br><u>3</u>   |                |  |
| Address  |  | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) |                |  |
| Contact Person: <u>Amy Law</u>   |  | Business Name: _____  |                |  |
| Phone Numbers: Home: _____   |  | Contact Person: _____   |                |  |
| Work: _____ Cell: _____  |  | Phone Number: _____   |                |  |
| PCTC Requested Services: (Identify No. Needed)   |  | Address: _____  |                |  |
| <input type="checkbox"/> Café OR<br><input type="checkbox"/> Culinary Arts<br><input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic  |  | If specific hookup/util (check one) <input type="checkbox"/> Yes                        |                |  |
| <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 |  | Estimated time of an _____  |                |  |
| For specific room setup, see attached design: (check one)  |  | Other/Specify: _____  |                |  |
| <input type="checkbox"/> Yes or <input type="checkbox"/> No  |  | Date of contact with _____  |                |  |
|  |  | 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 ..... \_\_\_\_\_

**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 | <u>8/30/19</u> | <u>[Signature]</u> |
| Billed for Services |                |                    |
| Referred to Board   |                |                    |

**Re**

It is understood that \_\_\_\_\_ 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]  
Signature (person in charge of activity)

Date: 8/28/19

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!**

Revised 07/15