

# 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>1/29/20-1/30/20</b>		Setup Time	Tear Down Time	Date Request Submitted <b>October 8, 2019</b>																		
Activity: Day(s) <b>WED, THURS</b>		Room(s) / Area Requested: <b>W178 - Beside Distribution (Previously Ind. Elect. Lab)</b> <i>Adult Cd has been</i>																				
Event Time(s) <b>All Day</b>																						
Name of Organization and Event Being Held <b>Sophomore Visitation - Industrial Electrical</b>		Number of Persons Attending Meeting																				
Address		Services to be provided by outside person(s) (i.e. caterer, photographer, etc.)																				
Contact Person: <b>Christina Niese</b>		Business Name:																				
Phone Numbers: Home: Work: <b>ext 42250</b> Cell:		Contact Person:																				
		Phone Number:																				
		Address:																				
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <b>Yes</b> or <b>No</b>																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><b>25</b> Chairs</td> <td>Microphone</td> <td>Drinks</td> </tr> <tr> <td><b>4</b> Tables</td> <td>Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td>Internet Access</td> <td>Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<b>25</b> Chairs	Microphone	Drinks	<b>4</b> Tables	Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	Lectern	Video Recorder	Luncheon	Coat Racks	Internet Access	Dinner	Estimated time of arrival at Pioneer for setup/delivery:		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
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For specific room setup, see attached design: (check one) <b>Yes</b> or <b>No</b>		Other/Specify:																				
		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>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	10/11/2019	MSB
Billed for Services		
Referred to Board		

### Responsibility Notice

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]*  
Signature (person in charge of activity)

Date: \_\_\_\_\_

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