

# 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>January 17, 2017 - May 25, 2017</u>		Date Request Submitted <u>January 5, 2017</u>
Activity: Day(s) <u>Tuesdays (Thursday - snow make up)</u>		Room(s) / Area Requested: <b>W145 Graphic Arts Lab</b>
Time(s) <u>3:30 pm - 7:30 pm</u>		
Name of Organization <b>North Central State College</b>	Number of Persons Attending Meeting <b>12</b>	
Address <b>Kehoe Center</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <u>Bill Dichtl</u>		Business Name: _____
Phone Numbers: Home: <u>740 751-5276</u>		Contact Person: _____
Work: <u>419 347-7744</u> Cell: <u>740 751-5276</u>		Phone Number: _____
		Address: _____
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>
<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Snacks</u>
<u>Chalkboard</u>	<u>Video Camera</u>	<u>Luncheon</u>
<u>Lectern</u>	<u>Video Recorder</u>	<u>Dinner</u>
<u>Coat Racks</u>	<u>Internet Access</u>	
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____
		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 ..... <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>			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.  _____ Signature (person in charge of activity) Date: _____
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	<u>1/9/2017</u>	<u>MYB</u>	
Billed for Services			
Referred to Board			

**Thank you for selecting Pioneer for your event!**