

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44881

Part I - To be completed by organization requesting building utilization

Date(s) <u>March 12 & 13</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>8-11 AM TUES & WED</u>	<u>8</u>	<u>11</u>	<u>2/7/19</u>
Event Time(s)			Room(s) / Area Requested:
Name of Organization and Event Being Held		Number of Persons Attending Meeting	
<u>1st Aid CPR For EMT Teaching Professionals</u>			<u>Community Room</u>
Address <u>(Seniors)</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Lindi Meise</u>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: <u>42761</u> Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <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: _____ Other/Specify: _____ _____ _____	
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		
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>2/22/19</u>	<u>RLB</u>
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 completion of event/activity.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Melinda Meise 2/7/19
Signature (person in charge of activity)

Date: _____

It is the policy of Pioneer Career & Technology Center to

Thank you for selecting Pioneer for your event!