

April 4th was not available so Amy is checking on a 4th check.

*[Handwritten signature]*

# 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>March 21, 28</u>   | Setup Time                                      | Tear Down Time  | Date Request Submitted<br><u>3-6-19</u> |
| Activity: Day(s) <u>April 10, 11</u>                                    |   |   | Room(s) / Area Requested:               |
| Event Time(s) <u>8:30-1 hr each, 12:00</u>                              |   |   |   |
| Name of Organization and Event Being Held<br><u>Get The Job Seminar</u> | Number of Persons Attending Meeting<br><u>4</u> | <u>DLTC</u>   |   |
| Address   |   | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) |   |
| Contact Person: <u>Amy Law/Lynne Morris</u>                             | Business Name: _____                            |   |   |
| Phone Numbers: Home: _____  | Contact Person: _____                           |   |   |
| Work: _____ Cell: _____   | Phone Number: _____                             |   |   |
|   |   | Address: _____  |   |

PCTC Requested Services: (Identify No. Needed)

|                   |                        |                                     |
|-------------------|------------------------|-------------------------------------|
| <u>Room Setup</u> | <u>Electronic</u>      | <u>Café</u> OR <u>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>Breakfast</u>                    |
| <u>Lectern</u>    | <u>Video Recorder</u>  | <u>Luncheon</u>                     |
| <u>Coat Racks</u> | <u>Internet Access</u> | <u>Dinner</u>                       |

For specific room setup, see attached design: (check one)  
Yes or No

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

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

Estimate Calculation of Fees: Attach any pertinent papers.

|                           |       |
|---------------------------|-------|
| Rental .....              | _____ |
| Custodial Services .....  | _____ |
| Food Services .....       | _____ |
| Other .....               | _____ |
| <b>Total Fee Estimate</b> | _____ |

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>3/7/2019</u> | <u>myb</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 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

Thank you for selecting Pioneer for your event!