

# 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>12/13/2019</u>		Date Request Submitted <b>May 21, 2019</b>
Activity: Day(s) <u>Friday</u>		Room(s) / Area Requested: <b>Arena</b>
Time(s) <u>0700 - 1500</u>		
Name of Organization <b>American Red Cross</b>	Number of Persons Attending Meeting <b>Multiple</b>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <u>Dawn Roberts</u>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: <u>419 347-7744</u> Cell: <u>419 512-4140</u>		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	____ Microphone	____ Drinks
<input checked="" type="checkbox"/> Tables	____ Ovrhd. Proj.	____ Snacks
____ Chalkboard	____ Video Camera	____ Luncheon
____ Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	____ Internet Access	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> 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

### Responsibility Notice

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>5/28/19</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

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]  
Signature (person in charge of activity)

Date: 5/21/19

Thank you for selecting Pioneer for your event!