

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 448

### Part I - To be completed by organization requesting building utilization

Date(s) <u>Dec 9th 19</u>	Setup Time	Tear Down Time	Date Request Submitted <u>Dec 2nd 19</u>
Activity: Day(s) <u>Monday</u>			Room(s) / Area Requested
Event Time(s) <u>9-11:00</u>			

Name of Organization and Event Being Held <u>Edgar Aesthetic Corp</u>	Number of Persons Attending Meeting <u>58</u>	<u>DLTC</u>
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Address <u>Skin Care Pass</u>	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
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Contact Person: _____	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: _____ Cell: _____	Phone Number: _____

<p>PCTC Requested Services: (Identify No. Needed)</p> <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><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table> <p>For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input type="checkbox"/> Tables	<input 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	<p>If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>Estimated time of arrival at Pioneer for setup/delivery _____</p> <p>Other/Specify: _____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>
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### 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>12/3/2019</u>	<u>WLB</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 \$ 0 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.

C. Ransom

Signature (person in charge of activity)

Date: 12-2-19