

# 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) <b>March 24 2020</b>		Setup Time <b>5:30 PM</b>	Tear Down Time <b>7:00 PM</b>	Date Request Submitted <b>Feb 6 2020</b>
Activity: Day(s) <b>Tuesday</b>				Room(s) / Area Requested: <b>Exercise Science Lab</b>
Event Time(s) <b>6 pm - 7 pm</b>				
Name of Organization <b>ECE- Stay Fit Parent Event, Mr. Millward &amp; his students will be helping</b>		Number of Persons Attending Meeting <b>60</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Danielle Ash</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>ext 42600</b> Cell: _____		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 type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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: _____		
		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> ..... <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>			<b>Responsibility Notice</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.
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	Signature (person in charge of activity)  Date: <b>2-6-2020</b>
Approved and Booked	<b>2/7/2020</b>	<b>nyb</b>	
Billed for Services			
Referred to Board			

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

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.