

# 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>2-16-2021</u>	Setup Time <u>8:00</u>	Tear Down Time <u>9:30</u>	Date Request Submitted <u>2-5-2021</u>
Activity: Day(s) <u>ACT registration</u>			Room(s) / Area Requested: <u>Comm. Rm</u>
Event Time(s) <u>8:30-9:30</u>			
Name of Organization and Event Being Held <u>Crestview ACT reg.</u>	Number of Persons Attending Meeting <u>24</u>		

Address

Contact Person: Shannon Sprang  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

PCTC Requested Services: (Identify No. Needed)

<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" 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

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

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

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 .....  
**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>2/5/2021</u>	<u>WLS</u>
Called for Services		
Referred to Board		

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

### 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.

Shannon Sprang  
Signature (person in charge of activity)

Date: \_\_\_\_\_

Thank you for selecting Pioneer for your event!