

# 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>10/8/2021</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday</b>				<b>September 9, 2021</b>
Event Time(s) <b>7:00 - 4:00</b>		<b>7:00</b>	<b>4:00</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Blood Drive</b>		Number of Persons Attending Meeting <b>Varies</b>		<b>Arena &amp; Library</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Dawn Roberts</b>		Business Name: <b>American Red Cross</b>		
Phone Numbers: Home: _____		Contact Person: <b>Kelly Beck</b>		
Work: <b>419 347-7744</b> Cell: <b>419 512-4140</b>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup      Electronic <u>  </u> Café OR <u>  </u> Culinary Arts <input checked="" type="checkbox"/> Chairs <u>  </u> Microphone <u>  </u> Drinks <input checked="" type="checkbox"/> 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		If specific hookup/utility needs are required see attached: (check one) <u>  </u> Yes or <u>  </u> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <u>  </u> Yes or <u>  </u> No		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	9/10/21	KL/C
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 (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 maintenance of the building utilization areas of the school.

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