

# 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>10/12/2021</b>		Setup Time	Tear Down Time	Date Request Submitted <b>September 30, 2021</b>
Activity: Day(s) <b>Tuesday</b>				Room(s) / Area Requested: <b>DLTC</b>
Event Time(s) <b>8:10 a.m. - 2:20 p.m.</b>				
Name of Organization <b>Tanning Licensure for Cosmetology Students - Juniors and Seniors</b>		Number of Persons Attending Meeting <b>60</b>		
Address <b>PCTC</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Ms. Ransom- Cosmetology</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>		
___ Chairs	___ Microphone	___ Drinks		
___ Tables	<input checked="" type="checkbox"/> 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 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

### 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	10/4/21	KK
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 (person in charge of activity) \_\_\_\_\_  
Date: 9/30/21

**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.