

# 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>6/28/2016</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____		<u>8am</u>	<u>5pm</u>	<u>5/27/2016</u>
Event Time(s) <u>8am - 5pm</u>				Room(s) / Area Requested:
Name of Organization and Event Being Held		Number of Persons Attending Meeting		
<u>STNA Testing</u>		<u>13</u>		<u>W 148</u> <u>W 129-HA.</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
<u>27 Ryan Road Shelby Oh 44875</u>		Business Name: <u>D&amp;S Testing</u>		
Contact Person: <u>Terri Crain</u>		Contact Person: <u>Donna Goddard</u>		
Phone Numbers: Home: _____ Work: _____ Cell: <u>419 631-1225</u>		Phone Number: <u>419-571-9008</u>		
PCTC Requested Services: (Identify No. Needed)		Address: <u>NA</u>		
<input type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks		<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input checked="" type="checkbox"/> Internet Access		
<input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner		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 .....

**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>6/1/16</u>	<u>TCB</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 \$ \_\_\_\_\_ 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): Terri Crain

Date: 5/27/2016

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!