

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

*MB*

### Part I - To be completed by organization requesting building utilization

Date(s) <b>31-Oct-16</b>		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <b>Monday</b>				<b>June 1, 2016</b>																		
Event Time(s) <b>12-1pm</b>		<b>10</b>	<b>2:00 PM</b>	Room(s) / Area Requested:																		
Name of Organization and Event Being Held <b>Shelby Rotary Job Shadowing Day</b>		Number of Persons Attending Meeting <b>30-40</b>		<b>Arena</b>																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <b>Jim Sorenson</b>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: _____ Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td>Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td><input checked="" type="checkbox"/> Internet Access</td> <td>Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	<input checked="" type="checkbox"/> Lectern	Video Recorder	Luncheon	Coat Racks	<input checked="" type="checkbox"/> Internet Access	Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>August/Culinary Arts</b>																				

### 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	6/6/2016	<i>MB</i>
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.**

*V. H. ...*  
Signature (person in charge of activity)

Date: *6/2/16*

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!**