

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44881

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

Date(s) <b>14-Jul-16</b>		Date Request Submitted <b>July 6, 2016</b>
Activity: Day(s) <b>THURSDAY</b>		Room(s) / Area Requested: <b>COMMUNITY ROOM</b>
Time(s) <b>9 AM - 4 PM</b>		
Name of Organization <b>PCTC ADULT ED STNA CPR CLASS</b>	Number of Persons Attending Meeting <b>8</b>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <b>PAT WEAVER</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>
<input checked="" type="checkbox"/> Chairs	____ Microphone	____ Drinks
<input checked="" type="checkbox"/> Tables	____ Ovrhd. Proj.	____ Snacks
____ Chalkboard	____ Video Camera	____ Luncheon
____ Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
<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 .....	_____	
<b>Total Fee Estimate</b>		_____
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	7/7/16	WLB
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.

*Pat Weaver*

Signature (person in charge of activity)

Date: **July 6, 2016**

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