

# 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>March 10, 2017</b>		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <b>Friday</b>				<b>Aug. 22, 2016</b>																		
Event Time(s) <b>9:30-11:00 am</b>		<b>8:00 AM</b>	<b>11:30 AM</b>	Room(s) / Area Requested:																		
Name of Organization and Event Being Held <b>GRADS Advisory Committee Meeting</b> <b>SPRING</b>		Number of Persons Attending Meeting <b>Up to 18</b>		<b>Community Room, C109</b>																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <b>Jane Knight, ext. 42961</b>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: _____ Cell: _____		Phone Number: _____																				
Address: _____		Address: _____																				
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <b>Yes</b> or <b>No</b>																				
<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><b>16</b> Chairs</td> <td>Microphone</td> <td>Drinks</td> </tr> <tr> <td><b>4</b> Tables</td> <td>Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td>Internet Access</td> <td>Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<b>16</b> Chairs	Microphone	Drinks	<b>4</b> Tables	Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	Lectern	Video Recorder	Luncheon	Coat Racks	Internet Access	Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
<b>16</b> Chairs	Microphone	Drinks																				
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For specific room setup, see attached design: (check one) <b>X Yes</b> or <b>No</b>		Other/Specify: _____																				
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																				

### Part II - To be completed by PCTC Personnel

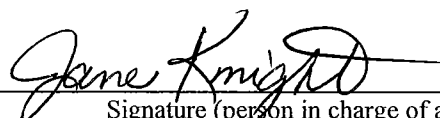
Estimate Calculation of Fees: Attach any pertinent papers.		
Rental .....	_____	
Custodial Services .....	_____	
Food Services .....	_____	
Other .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	<b>8/26/16</b>	<b>JK</b>
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)

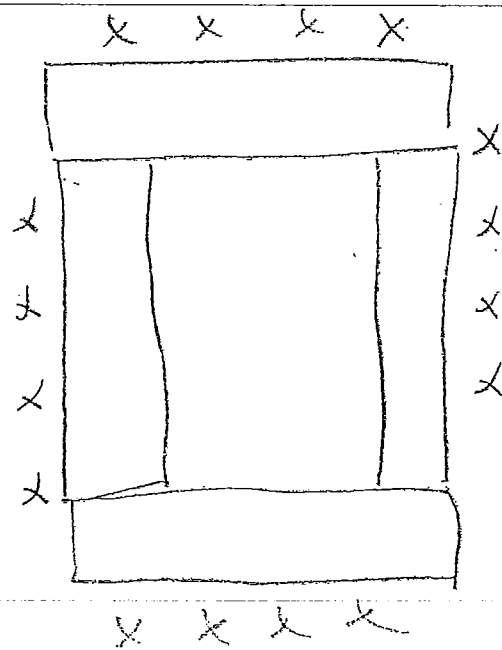
Date: **8/22/2016**

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!**

Revised 07/15

# GRADS Advisory Committee Meeting Room Set-up



4 tables

16 chairs

Thank You!