

# Building Utilization Request

**Pioneer**

## Pioneer Career and Technology Center

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

*NDM*

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

Date(s) <u>17-Nov-16</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Thursday</u>			<u>October 25, 2016</u>
Event Time(s) <u>noon-2:30</u>	<u>any</u>	<u>any</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <u>Leadership Unlimited</u>	Number of Persons Attending Meeting <u>30</u>		<u>Community Room</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Amber Sloan/Dena Kirby</u> <i>DSK</i>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>x</u> <u>Culinary Arts</u> <u>x</u> <u>Chairs</u> <u>Microphone</u> <u>Drinks</u> <u>x</u> <u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>x</u> <u>Lectern</u> <u>Video Recorder</u> <u>x</u> <u>Luncheon</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		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: _____ _____ _____	
For specific room setup, see attached design: (check one) <u>x</u> <u>Yes</u> or <u>No</u> <i>Set up in a U-shape</i>		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 .....		<b>180.00</b>
Other .....		<b>180.00</b>
<b>Total Fee Estimate</b> _____		
Note: Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
Action Taken	Date	By
Approved and Booked	<u>10/26/16</u>	<i>WJB</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.

Signature (person in charge of activity)

Date: \_\_\_\_\_

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

Thank you for selecting Pioneer for your event!

Revised 07/15