

# Building Utilization Request



## Pioneer Career and Technology Center

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

✓ ON

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

Date(s) <b>11/29/2016</b>		Setup Time <b>8:00am</b>	Tear Down Time <b>2:30pm</b>	Date Request Submitted <b>November 15, 2016</b>
Activity: Day(s) <b>Tuesday</b>				Room(s) / Area Requested: <b>Community Room</b>
Event Time(s) <b>8:00am-2:30pm</b>				
Name of Organization and Event Being Held <b>Materials Science - Clark and Penwell's classes</b>		Number of Persons Attending Meeting <b>~60 people per period</b>		
Address <b>27 Ryan Road</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Penwell</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>ext. 42836</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <b>60</b> Chairs <u>Microphone</u> <u>Drinks</u> <b>20?</b> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</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>Yes</u> or <u>X</u> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

enough tables for the chairs (you can cram them)

### 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>		_____
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	11/15/16	[Signature]
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]  
Signature (person in charge of activity)  
Date: 11/15/16

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!