

# 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

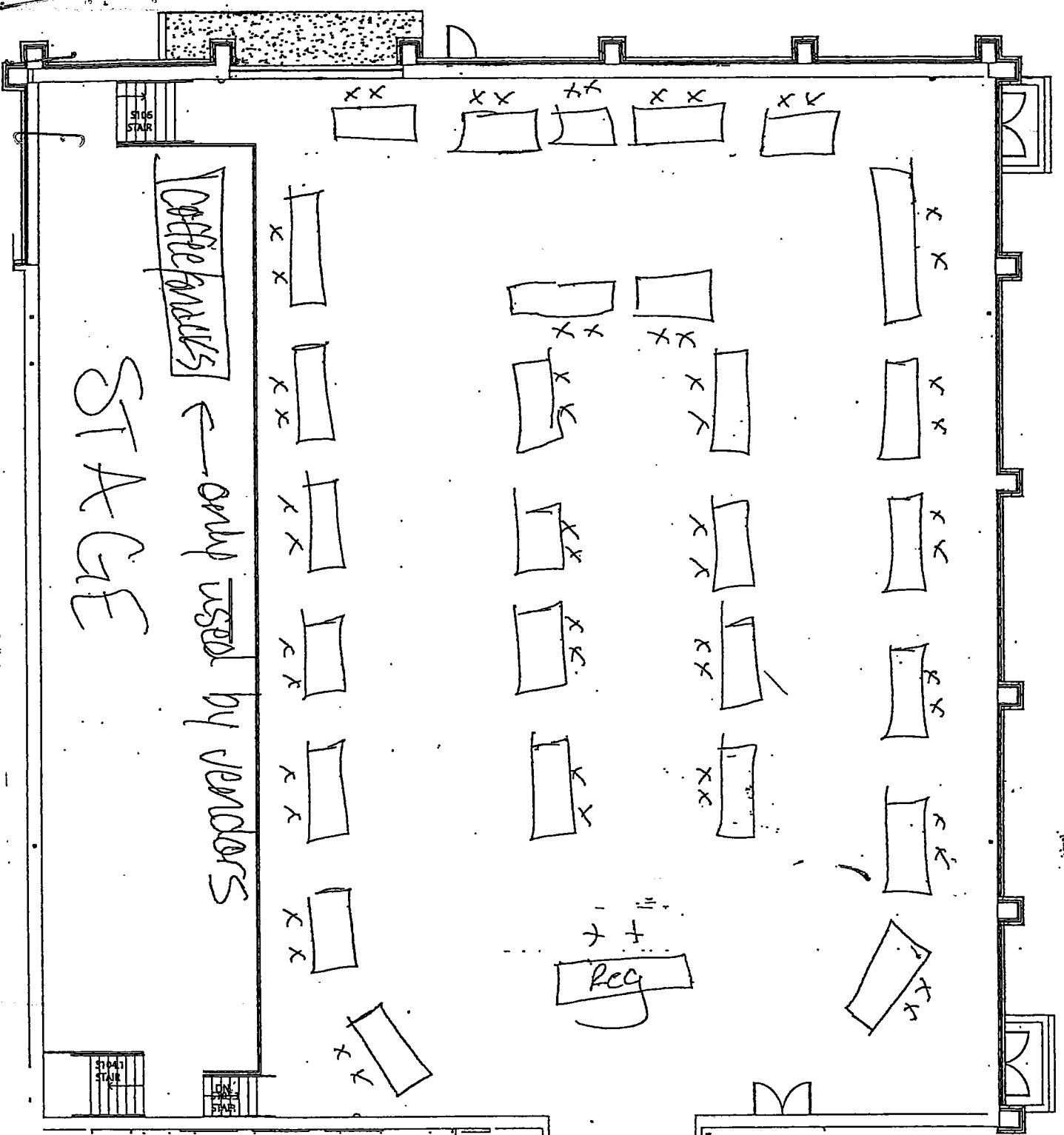
Date(s) <u>April 18, 2017</u>		Setup Time <u>8am</u>	Tear Down Time <u>2pm</u>	Date Request Submitted <u>1/4/17</u>
Activity: Day(s) <u>Tuesday</u>		Room(s) / Area Requested: <u>Arena</u>		
Event Time(s) <u>8:30 - 1:30</u>				
Name of Organization and Event Being Held <u>Job Fair - Job leads</u>		Number of Persons Attending Meeting <u>all students</u>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Katie Crum</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42941</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks		<input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Video Recorder <input checked="" type="checkbox"/> Internet Access		
<input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> 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: _____ _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <u>See attached</u>		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>Responsibility Notice</b> 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.
Action Taken	Date	By	
Approved and Booked	<u>1/4/2017</u>	<u>Katie Crum</u>	
Billed for Services			
Referred to Board			

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!



Rough  
guess on  
# of vendors

\* I had 34 last  
year

Main  
Doors

\* 1 table for  
each exhibitor  
and 2 chairs  
each table.