

# 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>19-Sep-17</b>		Date Request Submitted <b>June 18, 2017</b>
Activity: Day(s) <b>Tuesday</b>		Room(s) / Area Requested: <b>Pioneer Room</b>
Time(s) <b>6:00 p.m. - 9 p.m.</b>		
Name of Organization <b>Pioneer Master Teacher Committee</b>	Number of Persons Attending Meeting <b>40</b>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <b>Jim Calhoon</b>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: <b>ext. 42205</b> Cell: _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<b>40</b> Chairs	____ Microphone	<b>40</b> Drinks
<b>10</b> Tables	____ Ovrhd. Proj.	<b>40</b> Snacks
____ Chalkboard	____ Video Camera	____ Luncheon
<b>1</b> Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	____ Internet Access	
For specific room setup, see attached design: (check one) <b>Yes</b> or <b>No</b>		If specific hookup/utility needs are required see attached: (check one) <b>Yes</b> or <b>No</b>
		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 ..... \_\_\_\_\_

**Total Fee Estimate** \_\_\_\_\_

**Note:** Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked	7/24/2017	<i>WLB</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.

*James Calhoon*  
Signature (person in charge of activity)

Date: **6/18/17**

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