

# 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>12/1/2017</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday</b>			<b>August 28, 2017</b>
Event Time(s) <b>8:00 - 4:00</b>	<b>8:00</b>	<b>4:00</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Blood Drive</b>	Number of Persons Attending Meeting <b>Varies</b>		<b>Arena</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Dawn Roberts/Emily Dean</b>		Business Name: <b>American Red Cross</b>	
Phone Numbers: Home: _____		Contact Person: <b>Emily Allen</b>	
Work: <b>419 347-7744</b> Cell: <b>419 512-4140</b>		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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>1/31/2017</b>	<b>WLB</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)  
**Dawn Roberts**  
Date: **28 Aug 17**

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!**