

# 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>12/5/2017</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Tuesday</b>				<b>November 30, 2017</b>
Event Time(s) <b>11:00:00 AM- 11:45 AM</b>		<b>10:50</b>	<b>11:45a</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Gals &amp; Gears Non Trad Event Lunch</b>		Number of Persons Attending Meeting <b>45</b>		<b>Pioneer Room</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>		
<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>		
<u>Tables</u>	<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>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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 .....	_____	
<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	11/30/2017	[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 (person in charge of activity)  
[Signature]  
Date: 11/30/17

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!**