

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 4487

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

Date(s) <b>January 16, 2018 - May 22, 2018</b>		Date Request Submitted <b>January 3, 2017</b>
Activity: Day(s) <b>Tuesdays (Thursday - snow make up)</b>		Room(s) / Area Requested: <b>W145 Graphic Arts Lab</b>
Time(s) <b>3:30 pm - 7:30 pm</b>		
Name of Organization <b>North Central State College</b>	Number of Persons Attending Meeting <b>10</b>	
Address <b>Kehoe Center</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <b>Bill Dichtl</b>		Business Name: _____
Phone Numbers: Home: <b>740 751-5276</b>		Contact Person: _____
Work: <b>419 347-7744</b> Cell: <b>740 751-5276</b>		Phone Number: _____
		Address: _____
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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

### Responsibility Notice

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>			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 completion of event/activity.
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	Signature (person in charge of activity) _____ Date: _____  <b>Thank you for selecting Pioneer for your event!</b>
Approved and Booked	1/3/2018	[Signature]	
Billed for Services			
Referred to Board			