

# 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>1/30/2018</b>  |  | Setup Time  | Tear Down Time | Date Request Submitted<br><b>January 30, 2018</b> |
| Activity: Day(s) <b>Tuesday</b>   |  |   |                | Room(s) / Area Requested:<br><b>W164</b>          |
| Event Time(s) <b>8:00a-3:00 pm</b>  |  |   |                |   |
| Name of Organization and Event Being Held<br><b>Pioneer Literacy Team Training</b>  |  | Number of Persons Attending Meeting<br><b>8</b>   |                |   |
| Address   |  | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)   |                |   |
| Contact Person: <b>V Hunt</b>   |  | Business Name: _____  |                |   |
| Phone Numbers: Home: _____  |  | Contact Person: _____   |                |   |
| Work: _____ Cell: _____   |  | Phone Number: _____   |                |   |
| PCTC Requested Services: (Identify No. Needed)  |  | Address: _____  |                |   |
| <u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u><br>_____ Chairs      _____ Microphone      _____ Drinks<br>_____ Tables      _____ Ovrhd. Proj.      _____ Snacks<br>_____ Chalkboard      _____ Video Camera      _____ Breakfast<br>_____ Lectern      _____ Video Recorder <input checked="" type="checkbox"/> Luncheon<br>_____ Coat Racks      _____ Internet Access      _____ Dinner |  | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u><br>Estimated time of arrival at Pioneer for setup/delivery: _____<br>Other/Specify: <u>No special set up</u><br>_____<br>_____<br>_____ |                |   |
| For specific room setup, see attached design: (check one)<br><u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>  |  | Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>1/16/2018-salad bar</u>  |                |   |

### 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 | 1/17/2018 | myLB |
| 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)

Date: 1/16/18

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!