

# 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>8/3/2018</b>  |  | Setup Time  | Tear Down Time    | Date Request Submitted<br><b>June 28, 2018</b>   |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| Activity: Day(s) <b>Friday</b>   |  |   |                   | Room(s) / Area Requested:<br><b>W135 &amp; W133 Medical Technologies Lab and Classroom</b> |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| Event Time(s) <b>4:30-9:30pm</b>   |  |   |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| Name of Organization and Event Being Held<br><b>STNA State Testing</b>   |  | Number of Persons Attending Meeting<br><b>8</b>   |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| Address<br><b>27 Ryan Road Shelby, Ohio 44875</b>  |  | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| Contact Person: <b>Martin Dzugan/Julie Eldridge</b>  |  | Business Name: _____  |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| Phone Numbers: Home: _____   |  | Contact Person: _____   |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| Work: <b>419 342-1100</b> Cell: _____  |  | Phone Number: _____   |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| PCTC Requested Services: (Identify No. Needed)   |  | Address: _____  |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| <table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table> |  | <u>Room Setup</u>   | <u>Electronic</u> | <u>Café</u> OR <u>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"/> 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) <u>Yes</u> or <u>No</u><br>Estimated time of arrival at Pioneer for setup/delivery: _____<br>Other/Specify: _____<br>_____<br>_____ |  |  |
| <u>Room Setup</u>  | <u>Electronic</u>                        | <u>Café</u> OR <u>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"/> 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   |                   |  |                                 |                                     |                                 |                                 |                                       |                                 |                                     |                                       |                                    |                                  |   |                                   |                                     |  |                                 |   |  |  |
| For specific room setup, see attached design: (check one)<br><u>Yes</u> or <u>No</u>   |  | 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 .....

**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 | 8/2/18 | JLE |
| Billed for Services |        |     |
| Referred to Board   |        |     |

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.**

Julie Eldridge  
Signature (person in charge of activity)

Date: 6/28/18

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!**

Revised 07/15