

# 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>30-Oct-18</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Tuesday</b>	<b>10 minutes</b>	<b>10 minutes</b>	<b>October 1, 2018</b>
Event Time(s) <b>8:00 AM- 2:25 PM</b>			Room(s) / Area Requested:
Name of Organization and Event Being Held <b>ASVAB Testing</b>		Number of Persons Attending Meeting <b>45</b>	<b>Arena</b>
Address <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>Dan Dornbirer</b>		Business Name: <b>Military</b>	
Phone Numbers: Home: _____		Contact Person: <b>Eric Hammond</b>	
Work: <b>42253</b> Cell: _____		Phone Number: <b>330-357-6115</b>	
PCTC Requested Services: (Identify No. Needed)		Address: <b>2400 Airport Road North Mansfield 44903</b>	
Café OR _____ Culinary Arts _____ Room Setup      Electronic      _____ <input checked="" type="checkbox"/> Chairs      _____ Microphone      _____ Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj.      _____ Snacks _____ Chalkboard      _____ Video Camera      _____ Breakfast _____ Lectern      _____ Video Recorder      _____ Luncheon _____ Coat Racks <input checked="" type="checkbox"/> Internet Access      _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: <b>7:50 AM</b> 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

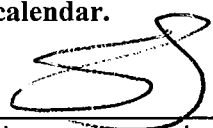
Estimate Calculation of Fees: Attach any pertinent papers.		
Rental .....	_____	
Custodial Services .....	_____	
Food Services .....	_____	
Other .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	10/4/2018	WFB
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: \_\_\_\_\_

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