

# 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) <u>1/17/2019</u>		Setup Time <b>13:30</b>	Tear Down Time <b>4:30 PM</b>	Date Request Submitted <b>October 11, 2018</b>
Activity: Day(s) <b>Thursday</b>				Room(s) / Area Requested: <b>Arena</b>
Event Time(s) <b>2:00PM - 4:00PM</b>				
Name of Organization <b>Stop the Bleed Hands-On PD</b>		Number of Persons Attending Meeting <b>50</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Jim Calhoon</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>EXT 42203</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	Electronic	Café/Culinary Arts		
Chairs	Microphone	Drinks		
<b>10</b> Tables	Ovrhd. Proj.	Snacks		
Chalkboard	Video Camera	Luncheon		
Lectern	Video Recorder	Dinner		
<b>1</b> Coat Racks	Internet Access			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<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

### Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent paper Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note: Final invoice billing based upon actual costs following the event/activity.</b> Upon receipt of invoice, please make check payable to: Pioneer CTC			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.
Action Taken	Date	By	Signature (person in charge of activity)
Approved and Booked	<u>10/18/18</u>	<u>[Signature]</u>	<u>[Signature]</u>
Billed for Services			Date: <u>10/12/18</u>
Referred to Board			

Thank you for selecting Pioneer for your event!