

# 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>1/30/2019</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Wednesday</b>			<b>January 18, 2019</b>
Event Time(s) <b>5-9 p.m.</b>	<b>4:00</b>	<b>11:30</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Ad Ed -- Maintenance testing</b>	Number of Persons Attending Meeting <b>30</b>		<b>Community Room</b>

Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <b>ML Barr/Julie Eldridge</b>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: _____ Cell: _____	Phone Number: _____
PCTC Requested Services: (Identify No. Needed)	Address: _____
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> X Chairs <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> X Tables <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Lectern <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner <input type="checkbox"/> Coat Racks	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ 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**

**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)  
*Manjula Ban*

Date: 1/18/19

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	1/18/19	<i>MLB</i>
Billed for Services		
Referred to Board		