

**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>January 12, 2021 - May 11, 2020</b>		Date Request Submitted <b>December 18, 2020</b>
Activity: Day(s) <b>Tuesdays (Thursday - snow make up only)</b>		Room(s) / Area Requested: <b>W145 Graphic Arts Lab</b>
Time(s) <b>3:30 pm - 7:30 pm</b>		
Name of Organization <b>North Central State College</b>	Number of Persons Attending Meeting <b>13</b>	
Address <b>Kehoe Center</b>	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Bill Dichtl</b>	Business Name: _____	
Phone Numbers: Home: <b>740 751-5276</b>	Contact Person: _____	
Work: <b>419 347-7744</b> Cell: <b>740 751-5276</b>	Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/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"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>
<input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>		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**

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	1/12/2021	[Signature]
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.

\_\_\_\_\_  
Signature (person in charge of activity)

Date: \_\_\_\_\_

**Thank you for selecting Pioneer for your event!**