

# 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) <del>January 18, 2021</del> <sup>2022</sup> - <del>May 17, 2021</del> <sup>2022</sup>		Date Request Submitted <b>December 29, 2021</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>approx. 15</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: _____																			
	Address: _____																			
PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u>    </u> <b>Yes</b> or <u>    </u> <b>No</b>																			
<table border="0"> <tr> <td><u>    </u> Room Setup</td> <td><u>    </u> Electronic</td> <td><u>    </u> Café/Culinary Arts</td> </tr> <tr> <td><u>    </u> Chairs</td> <td><u>    </u> Microphone</td> <td><u>    </u> Drinks</td> </tr> <tr> <td><u>    </u> Tables</td> <td><u>    </u> Ovrhd. Proj.</td> <td><u>    </u> Snacks</td> </tr> <tr> <td><u>    </u> Chalkboard</td> <td><u>    </u> Video Camera</td> <td><u>    </u> Luncheon</td> </tr> <tr> <td><u>    </u> Lectern</td> <td><u>    </u> Video Recorder</td> <td><u>    </u> Dinner</td> </tr> <tr> <td><u>    </u> Coat Racks</td> <td><u>    </u> Internet Access</td> <td></td> </tr> </table>	<u>    </u> Room Setup	<u>    </u> Electronic	<u>    </u> Café/Culinary Arts	<u>    </u> Chairs	<u>    </u> Microphone	<u>    </u> Drinks	<u>    </u> Tables	<u>    </u> Ovrhd. Proj.	<u>    </u> Snacks	<u>    </u> Chalkboard	<u>    </u> Video Camera	<u>    </u> Luncheon	<u>    </u> Lectern	<u>    </u> Video Recorder	<u>    </u> Dinner	<u>    </u> Coat Racks	<u>    </u> Internet Access		Estimated time of arrival at Pioneer for setup/delivery: _____	
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For specific room setup, see attached design: (check one) <u>    </u> <b>Yes</b> or <u>    </u> <b>No</b>	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 papers.

Rental .....	_____
Custodial Services .....	_____
Food Services .....	_____
Other .....	_____
<b>Total Fee Estimate</b>	_____

**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	1/3/22	[Signature]
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.

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

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

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