

# Building Utilization Request



**Pioneer Career and Technology**  
 ATTN: Director of Business  
 27 Ryan Road, Shelby, TN

## Part I - To be completed by organization requesting building utilization

Date(s) <u>5/19/22</u>		9:30 AM	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <u>Thursday</u>				<u>May 12, 2022</u>																		
Event Time(s)			<u>12:20 PM</u>	Room(s) / Area Requested																		
Name of Organization and Event Being Held <u>Truckin' Trav's Food Truck</u>			Number of Persons Attending Meeting	<u>Pioneer Room Parking</u>																		
Address <u>truckintravsstreetfood@gmail.com</u>			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <u>Travis Moore</u>			Business Name: <u>Truckin' Trav Food Truck</u>																			
Phone Numbers: Home: <u>419 612-7829</u>			Contact Person: <u>Travis Moore</u>																			
Work: _____ Cell: _____			Phone Number: <u>419-612-7829</u>																			
PCTC Requested Services: (Identify No. Needed)			Address: _____																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td>___ Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td>___ Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Dinner</td> </tr> </table>			<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	___ Chairs	___ Microphone	___ Drinks	___ Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	___ Internet Access	___ Dinner	If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
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For specific room setup, see attached design: (check one)			Estimated time of arrival at Pioneer for setup/delivery:																			
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No			<u>9:30am prep, 10:26am ready for teacher orders</u>																			
			Other/Specify: <u>Pioneer Room Parking Lot</u>																			
			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 .....		<u>\$0.00</u>
Custodial Services .....		<u>0.00</u>
Food Services .....		<u>0.00</u>
Other .....		
<b>Total Fee Estimate</b>		<b><u>\$0.00</u></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	<u>5/16/22</u>	<u>[Signature]</u>
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 \$ 0.00 is required to confirm scheduling. This will be applied to final invoice upon satisfactory completion of event/activity.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

[Signature]  
 Signature (person in charge of activity)  
 Date: 5/12/22