

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) Sept. 29, 2023 <u>Oct. 6th 2023</u> Activity: Day(s) Kokosing Speakers Event Time(s) 11:30 AM | Setup Time | Tear Down Time | Date Request Submitted September 13, 2023 |
| Name of Organization and Event Being Held Kokosing | Number of Persons Attending Meeting 75 | | Room(s) / Area Requested: DLTC |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | |
| Contact Person: <u>Amy Law</u> | | Business Name: _____ | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | |
| Work: _____ Cell: _____ | | Phone Number: _____ | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | |
| <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Chairs <input checked="" 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"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner | | If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | |
| For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | | 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 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 | 9/13/23 | KWIC |
| 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.

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

 Signature (person in charge of activity)

Date: 9/13/2023