

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) <u>2/14/2020</u>		Date Request Submitted <u>May 21, 2019</u>
Activity: Day(s) <u>Friday</u>		Room(s) / Area Requested: Arena
Time(s) <u>0700 - 1500</u>		
Name of Organization American Red Cross	Number of Persons Attending Meeting Multiple	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <u>Dawn Roberts</u>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: <u>419 347-7744</u> Cell: <u>419 512-4140</u>		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
Room Setup	Electronic	Café/Culinary Arts
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" 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) <u>Yes</u> or <u>No</u>
<input checked="" 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

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	<u>5/28/19</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 \$ _____ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

[Signature]
Signature (person in charge of activity)

Date: 5/21/19

Thank you for selecting Pioneer for your event!