

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs

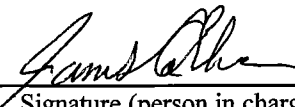
27 Ryan Road, Shelby, OH 44875

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

Date(s) <u>2/13/2018 2019</u>		Setup Time <b>13:30</b>	Tear Down Time <b>4:30 PM</b>	Date Request Submitted <b>October 11, 2018</b>
Activity: Day(s) <b>Wednesday</b>				Room(s) / Area Requested: <b>Arena</b>
Event Time(s) <b>2:00PM - 4:00PM</b>				
Name of Organization <b>Stop the Bleed Hands-On PD</b>		Number of Persons Attending Meeting <b>50</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Jim Calhoon</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>EXT 42203</b> Cell: _____		Phone Number: _____		
Address: _____				
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Room Setup	Electronic	Café/Culinary Arts		
<u>10</u> Chairs	<u>10</u> Microphone	<u>10</u> Drinks		
<u>10</u> Tables	<u>10</u> Ovrhd. Proj.	<u>10</u> Snacks		
<u>10</u> Chalkboard	<u>10</u> Video Camera	<u>10</u> Luncheon		
<u>10</u> Lectern	<u>10</u> Video Recorder	<u>10</u> Dinner		
<u>1</u> Coat Racks	<u>1</u> Internet Access			
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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 paper Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note: Final invoice billing based upon actual costs following the event/activity.</b> Upon receipt of invoice, please make check payable to: Pioneer CTC			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: <u>10/12/18</u>
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	<u>10/18/18</u>	<u>JAC</u>	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!