

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>10/9/2018</u> <u>2019</u>		Setup Time 13:30	Tear Down Time 4:30 PM	Date Request Submitted October 11, 2018
Activity: Day(s) Wednesday				Room(s) / Area Requested: Arena
Event Time(s) 2:00PM - 4:00PM				
Name of Organization Stop the Bleed Hands-On PD		Number of Persons Attending Meeting 50		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Jim Calhoon</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>EXT 42203</u> Cell: _____		Phone Number: _____		
Address: _____		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	<u>Electronic</u>	<u>Café/Culinary Arts</u>		Estimated time of arrival at Pioneer for setup/delivery: _____
<u>10</u> Chairs	<u>Microphone</u>	<u>Drinks</u>		Other/Specify: _____
<u>10</u> Tables	<u>Ovrhd. Proj.</u>	<u>Snacks</u>		_____
<u>1</u> chalkboard	<u>Video Camera</u>	<u>Luncheon</u>		_____
<u>1</u> Lectern	<u>Video Recorder</u>	<u>Dinner</u>		_____
<u>1</u> Coat Racks	<u>Internet Access</u>			_____
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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 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			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.
Action Taken	Date	By	Signature (person in charge of activity) Date: <u>James [Signature]</u> <u>10/12/18</u>
<u>Approved and Booked</u>	<u>10/23/2018</u>	<u>[Signature]</u>	
<u>Booked for Services</u>			
<u>Referred to Board</u>			Thank you for selecting Pioneer for your event!