

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) January 15, 2019 - May 21, 2019		Date Request Submitted January 3, 2019
Activity: Day(s) Tuesdays (Thursday - snow make up)		Room(s) / Area Requested: W145 Graphic Arts Lab
Time(s) 3:30 pm - 7:30 pm		
Name of Organization North Central State College	Number of Persons Attending Meeting 15	
Address Kehoe Center		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: Bill Dichtl		Business Name: _____
Phone Numbers: Home: 740 751-5276		Contact Person: _____
Work: 419 347-7744 Cell: 740 751-5276		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input type="checkbox"/> Chairs	<input 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"/> 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) <input type="checkbox"/> Yes or <input type="checkbox"/> No		If specific hookup/utility needs are required see attached: (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	1/3/2018	WLB
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.

Signature (person in charge of activity)

Date: _____

Thank you for selecting Pioneer for your event!