## **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) 7/30/2019 & 7/31/2019 S  |   | Se             | etup Time   | Tear Down       | Date Request Submitted         |
| Activity: Day(s) Tuesday & Wednesday                                     |   |                |   | Time            | May 28, 2019                   |
| Event Time(s)  | 9:00-4:30                               |                |   |                 | Room(s) / Area Requested:      |
| Name of Organization and Event Being Held                                |   |                | Number o  |                 | C09 Community Room             |
| Practice and State Test  |   |                | Attending Meeting   |                 |                                |
|  |   |                | 12  |                 |                                |
| Address  |   |                | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)               |                 |                                |
| 27 Ryan Road Shelby, OH 44875  |   |                |   |                 |                                |
| Contact Person: M.Dzugan/J.Eldridge/J.Loudermilk                         |   |                | Business Name:  |                 |                                |
| Phone Numbers: Home:   |   |                | Contact Person:   |                 |                                |
| Work: 419 342-1100 Cell:   |   |                | Phone Number:   |                 |                                |
|  |   |                | Address:  |                 |                                |
| PCTC Requested Services: (Identify No. Needed)                           |   |                | If specific hookup/utility needs are required see attached:   |                 |                                |
| <u>Café</u> OR   |   |                | (check one)Yes orNo   |                 |                                |
| Room Setup Electro   | onic Culinary                           | <u>Arts</u>    | Estimated   | time of arrival | at Pioneer for setup/delivery: |
| Chairs M   | licrophoneDrink                         | S              |   |                 |                                |
| TablesOvrhd. ProjSnacks  |   | Other/Specify: |   |                 |                                |
| Chalkboard V   | 'ideo Camera Break                      | fast           |   |                 |                                |
| Lectern V  | 'ideo RecorderLunc                      | heon           |   |                 |                                |
| Coat RacksIn   | nternet Access Dinne                    | er             |   |                 |                                |
| For specific room setup, see attached design: (check one)                |   |                | Date of contact with Cafeteria/Culinary Arts Services   |                 |                                |
| Yes or No  |   |                | if used for this event:   |                 |                                |
| Part II - To be completed by PCTC Personnel                              |   |                |   | Respon          | nsibility Notice               |
| Estimate Calculation of Fees: Attach any pertinent papers.               |   |                | It is understood that our organization assumes full responsibility for any damage to the building and |                 |                                |
| Rental   |   |                |   |                 |                                |
| Custodial Services   |   |                | equipme   | ent.            |                                |
| Food Services  |   |                | A Security Deposit in the amount of \$is required to confirm scheduling. This will be                 |                 |                                |
| Other  |   |                |   |                 |                                |
| Total Fee Estimate   |   |                | applied to final invoice upon satisfactory complete of  |                 |                                |
| Note: Final invoice billing based upon actual costs                      |   |                | event/ac  | tivity.         | 1 4 50                         |
| following the event/activity.  |   |                | Anyon   | d all infarmati | ion on this form may be        |
| Upon receipt of invoice, please make check payable to:                   |   |                | Any and all information on this form may be shared with the public through our publicly               |                 |                                |
| Pioneer CTC  |   |                | accessed calendar.  |                 |                                |
| Action Taken   | Date By                                 |                |   | (               |                                |
| Approved and Booked  | 5/30/2019 44                            | 18             |   | Assi            | Joseph )                       |
| Billed for Services  |   |                |   | Signature (per  | son in charge of activity)     |
| Referred to Board  |   |                | Date:   | $\sqrt{5-28}$   | 3-19                           |
|  | 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4              |   |                 | / P)                           |

It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event! these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.