Building Utilization Request



Pioneer Career and Technology Center ATTN: Director of Business Affairs

27 Ryan Road, Shelby, OH 44875

Date(s) 1014-51/2012/19.3/19.3/19.3/19.3/19.3/19.3/19.3/19.3	Paricl - To be completed by organization requesting building ntilization							
Activity: Day(s) Event Time(s) 2:30pm Name of Organization and Event Being Held EAP Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	10/16,11/20,12/18,1/15,2/19,3/18,4/15, Date(s) 5/20			Set	up Time		Date Request Submitted	
Name of Organization and Event Being Held Address						Time	May 22, 2018	
Attending Meeting Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Event Time(s) 2:30pm						Room(s) / Area Requested:	
Address Contact Person: Lynn Moritz Phone Numbers: Home: Coll: Phone Number: Home: Contact Person: Lynn Moritz PCTC Requested Services: (Identify No. Needed) Cafe OR Room Setup Electronic Culinary Arts X Tables Ovrid. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial 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: Plancer CTC Action Taken Date By Approved and Booked // Log / 9 Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Phone Number: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Other/Specify: Other/Specify: Passafast (check one) 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. Any and all information on this form may be shared with the public through our publicly accessed calendar. As Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Phone Rumber: Address: If specific hookup/utility needs are required see attached: (check Option of Security Deposition of Security Option of Secu	Name of Organization and Event Being Held						Community Room	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	EAP				,			
Contact Person: Lynn Moritz Phone Numbers: Home:				_				
Phone Numbers: Home:	Address				, ,			
Phone Numbers:	Contact Person: Lynn Moritz				Business Name:			
Address: PCTC Requested Services: (Identify No. Needed) Cafe OR	Phone Numbers: Home:			_	l			
Address: PCTC Requested Services: (Identify No. Needed) Cafe OR				_				
PCTC Requested Services: (Identify No. Needed) Cafe OR Collinary Arts Chairs Microphone Drinks X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner								
x Chairs Microphone Drinks x Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes orNo Partill Tobbe completed by PCTC Resonnels 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 7//Ro/9 Will Billed for Services Referred to Board Dinner Other/Specify: Other/Specify: Other/Specify: Other/Specify: Other/Specify: Other/Specify: It is understood that our organization assumes full 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. Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity) Date:								
Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes orNo Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Other Total Fee Estimate	Room Setup Electronic Culinary Arts			<u>ts</u>	Estimated time of arrival at Pioneer for setup/delivery:			
Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes orNo	x Chairs Microphone Drinks							
Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Rarfull For be completed by PCECE Resonnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	x TablesOvrhd. ProjSnacks				Other/Specify:			
Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes orNo Bartill Robe completed by RCTC Rersongel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Chalkboard Video Camera Breakfast			st				
For specific room setup, see attached design: (check one) Yes orNo Rantill Tobbe completed by RCTC Retsonnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	LecternVideo RecorderLuncheon			on				
Testimate Calculation of Fees: Attach any pertinent papers. Rental	Coat Racks Internet Access Dinner							
Estimate Calculation of Fees: Attach any pertinent papers. Rental	For specific room setup, see attached design: (check one)				Date of contact with Cafeteria/Culinary Arts Services			
Estimate Calculation of Fees: Attach any pertinent papers. Rental	Yes orNo				if used for this event:			
responsibility for any damage to the building and equipment. Custodial Services	Pantill - To be completed by RCTC Personnel Responsibility Notice						sibility Notice:	
Custodial Services					responsibility for any damage to the building and			
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. 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 Approved and Booked Billed for Services Referred to Board 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. Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity) Date: Date:								
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 Approved and Booked Billed for Services Referred to Board is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity. Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity) Date: Date:						. 		
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 Approved and Booked Date By Approved and Booked Signature (person in charge of activity) Date: Date: Date: Date:					is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete			
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 Approved and Booked Approved and Booked Billed for Services Referred to Board Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity) Date:								
following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Approved and Booked Billed for Services Referred to Board Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity) Date: Date:					of event/activity.			
Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Approved and Booked Billed for Services Referred to Board Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity) Date:								
Approved and Booked 7/18019 Signature (person in charge of activity) Referred to Board Date:	Upon receipt of invoice, please make check payable to:				shared with the public through our publicly			
Billed for Services Referred to Board Signature (person in charge of activity) Date:	Action Taken	Date	Ву					
Billed for Services Signature (person in charge of activity) Referred to Board Date:	Approved and Booked	7/1/2019.	Well					
Referred to Board		7 /				Signature (pers	on in charge of activity)	
	Referred to Board							

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