

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) 6/14/2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) TUESDAY				June 1, 2016
Event Time(s) 10:00 a.m. - 12:00 p.m.		Room(s) / Area Requested:		
Name of Organization and Event Being Held ADULT ED - CHEF WEIBEL		Number of Persons Attending Meeting 5 - 10		CULINARY
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Martin Dyguson</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42302</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>		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Other/Specify: _____ _____ _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

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

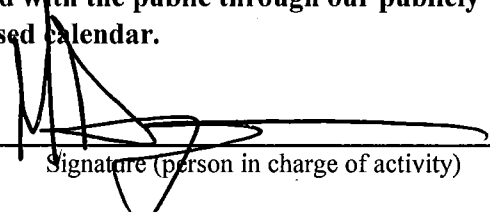
Action Taken	Date	By
Approved and Booked	6/2/2016	MB
Billed for Services		
Referred to Board		

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: _____

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.

Thank you for selecting Pioneer for your event!

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) 6/16/2016		Setup Time	Tear Down Time	Date Request Submitted June 1, 2016
Activity: Day(s) THURSDAY				
Event Time(s) 10:00 a.m. - 12:00 p.m.				Room(s) / Area Requested: CULINARY
Name of Organization and Event Being Held ADULT ED - CHEF WEIBEL		Number of Persons Attending Meeting 5 - 10		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Martin Djugan</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42307</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>		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

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	6/2/2016	MAB
Billed for Services		
Referred to Board		

Responsibility Notice

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Date: _____

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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) 6/21/2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) TUESDAY				June 1, 2016
Event Time(s) 10:00 a.m. - 12:00 p.m.				Room(s) / Area Requested:
Name of Organization and Event Being Held ADULT ED - CHEF WEIBEL		Number of Persons Attending Meeting 5 - 10		CULINARY
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: MARTIN DZUGAN		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42302 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>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"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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.

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Pioneer CTC

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Signature (person in charge of activity)

Date: _____

Action Taken	Date	By
Approved and Booked	6/2/2016	WLB
Billed for Services		
Referred to Board		

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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) 6/23/2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) THURSDAY				June 1, 2016
Event Time(s) 10:00 a.m. - 12:00 p.m.				Room(s) / Area Requested:
Name of Organization and Event Being Held ADULT ED - CHEF WEIBEL		Number of Persons Attending Meeting 5 - 10		CULINARY
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: MARTIN DZUGAN		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42302 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		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: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

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	6/2/2016	<i>[Signature]</i>
Billed for Services		
Referred to Board		

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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) 6/28/2016		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) TUESDAY				June 1, 2016
Event Time(s) 10:00 a.m. - 12:00 p.m.		Room(s) / Area Requested:		
Name of Organization and Event Being Held ADULT ED - CHEF WEIBEL		Number of Persons Attending Meeting 5 - 10		CULINARY
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: MARTIN DZUGAN		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42302 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Electronic <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"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		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: _____ _____ _____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

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.

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Signature (person in charge of activity)

Date: _____

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.												
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<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>6/28/2016</td> <td>MYB</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	6/28/2016	MYB	Billed for Services			Referred to Board		
Action Taken	Date	By										
Approved and Booked	6/28/2016	MYB										
Billed for Services												
Referred to Board												

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.

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Pioneer CTC

Action Taken	Date	By
Approved and Booked	6/28/2016	MYB
Billed for Services		
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Thank you for selecting Pioneer for your event!

Revised 07/15