

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) 07/11/2016 - 07/28/2016 | | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) MONDAY - THURSDAY | | | | June 8, 2016 |
| Event Time(s) 08:30 AM - 4:00 PM | | | | Room(s) / Area Requested: W133, W135 & W228 |
| Name of Organization and Event Being Held STNA CLASS | | Number of Persons Attending Meeting 5 - 6 | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: MARTIN DUZUGAN | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: 42252 Cell: _____ | | Phone Number: _____ | | |
| Address: _____ | | Address: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No | | |
| <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> </u> Yes or <u> </u> No | | 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 | 6/8/16 | <i>[Signature]</i> |
| 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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

[Signature] 6/8/16
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!

Revised 07/15