

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) 3/6/2019		Setup Time	Tear Down Time	Date Request Submitted February 15, 2019
Activity: Day(s) Wednesday				Room(s) / Area Requested: W135 and W133 Medical Technologies
Event Time(s) 3:30-9:30pm		Number of Persons Attending Meeting 8		
Name of Organization and Event Being Held STNA State Testing				
Address 27 Ryan Road Shelby, Ohio 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Martin Dzugan/Julie Eldridge		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: (check one) Yes or No		
Room Setup	Electronic	Café OR Culinary Arts		
Chairs	Microphone	Drinks		
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)		Estimated time of arrival at Pioneer for setup/delivery: _____		
Yes or No		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	2/15/19	<i>nyh</i>
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.

Julie Eldridge
Signature (person in charge of activity)

Date: **2/15/19**

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