Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

િસાહી - મેં તે કે લામા મુસ્લિએ કે તાલુકામાં જાઉલા તાલુકાલા માં માર્કિક માં મિલા માં માર્કિક માર્કિક માર્કિક મા					
Date(s) 12/13/2019		Set	up Time	Tear Down	Date Request Submitted
Activity: Day(s) Friday				Time	May 24, 2019
Event Time(s) 10:45-2:00			8:30	2:15	Room(s) / Area Requested:
Name of Organization and Event Being Held			Number o		Community Room/
Partner School Secretaries Luncheon			Attending Meeting Cosmetology Lab		
			Services to be provided by outside person(s)/vendors		
Address			(i.e. caterer, photographer, etc.)		
Control Description House to act 40000			4		
Contact Person: Tina Hurst, ext. 42200			Business Name:		
Phone Numbers: Home:			Contact Person:		
Work: Cell:			Phone Number:		
			Address:		
PCTC Requested Services: (Identify No. Needed)			If specific hookup/utility needs are required see attached: (check one) Yes or No		
<u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>			Estimated time of arrival at Pioneer for setup/delivery:		
x Chairs Microphone Drinks		<u></u>			
x Tables Ovrhd. Proj. Snacks			Other/Specify: Culinary to provide lunch;		
Chalkboard Video Camera Breakfast			details to be confirmed with S. Weibel		
x Lectern Video Recorder Luncheor			as date approaches		
	Dinner			white a series	
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:		
 [Papit II - To be completed by PCTC Personnel			Responsibility 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 equipment.		
Rental					
Custodial Services					
Food Services			A Security Deposit in the amount of \$		
Other			is required to confirm scheduling. This will be		
Total Fee Estimate			applied to final invoice upon satisfactory complete of		
Note: Final invoice billing based upon actual costs			event/ac	tivity.	
following the event/activity.			Any and all information on this form may be		
Upon receipt of invoice, please make check payable to:			shared with the public through our publicly		
Pioneer CTC			accessed calendar		
Action Taken Date B	Ву		$\cap I$	Le VIII.	L
Approved and Booked 5/30/2019	WB			ad / win	9
Billed for Services				Signature (per	son in charge of activity)
Referred to Board			Date:	<u> </u>	

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.