

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) <u>11/10, 11/17, 11/24, 11/10 - 11/11</u>		Setup Time	Tear Down Time	Date Request Submitted October 27, 2020
Activity: Day(s) <u>Tuesdays (except 11/5/20)</u>				Room(s) / Area Requested: Community Room <i>E110 on 11/10/20 only</i>
Event Time(s) 9:00 - 10:00				
Name of Organization and Event Being Held Pre-ETS for students with IEPs. Arranged by J Magers		Number of Persons Attending Meeting 5		
Address Pioneer		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Jennifer Magers		Business Name: Developing Community Options		
Phone Numbers: Home: _____		Contact Person: Tabitha Bleile		
Work: 419 347-7744 Cell: 419 961-1109		Phone Number: 419/341-3594		
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 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: N/A		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental \$0.00 Custodial Services 0.00 Food Services 0.00 Other 0.00 Total Fee Estimate \$0.00			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 \$ 0.00 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			Any and all information on this form may be shared with the public through our publicly accessed calendar.		
Action Taken	Date	By	Signature (person in charge of activity) <i>Jennifer Magers</i> Date: 10/27/2020		
Approved and Booked	10/27/2020	<i>JM</i>			
Billed for Services					
Referred to Board					

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!