Building Utilization Request



Pioneer Career and Technology Center

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

Part II - To be completed by PCTC Personnel Responsibility-Notice	Part I - To be con	mpleted by organi	zation requestin	g building uti	27 F	Ryan Road, Shelby, OH 448	
Event Time(s) 8:30 - 30 Name of Organization and Event Being Held Calsty Address Contact Person: Home: Work: Cell: PCTC Requested Services: (Identify No. Needed) Room Setup Chairs Microphone Drinks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dimner For specific room setup, see attached design: (check one) Yes or No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Total Fee Estimate Naumber of Persons Address Address Contact Person: Phone Number: Address Contact Person: Phone Number: Address Other/Specify: Other/Specify: Date of contact with Cafeteria/Culinary Arts Services if used for this event: 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. Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Date Provoed and Booked Address Tables Ovrid. Proj. Cafe OR Culinary Arts Chairs Address Contact with Cafeteria/Culinary Arts Services if used for this event: 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. Andress Address Contact Person: Phone 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	Date(s)		ו כו	Setup Time		Date Progress S. L	
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