

### **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) 6/14/	2016		Setup Time	Tear Down	Date Request Submitted		
Activity: Day(s) TUESDAY			Time	June 1, 2016			
Event Time(s)	10:00 a.m 12	2:00 p.m.			Room(s) / Area Requested:		
Name of Organization a	nd Event Being Hel	d	Number o		CULINARY		
ADULT ED - CHEF WEI	BEL			Attending Meeting			
				5 - 10			
Address				Services to be provided by outside person(s)/vendors			
			(1.e. caterer	(i.e. caterer, photographer, etc.)			
Contact Person: Now	in Drugan		Business N	ame:			
Phone Numbers:	Home:		_ Contact Pe	rson:			
Work: 4230 2	Cell:		Phone Nun	nber:			
			Address:				
PCTC Requested Service	es: (Identify No. Nee	eded)	_	- •	eeds are required see attached:		
7	_	<u>Café</u> OR	(check one	· ——			
Room Setup Electro		Culinary Arts	Estimated	time of arrival	l at Pioneer for setup/delivery:		
	ficrophone	_Drinks					
	vrhd. Proj.	Snacks	Other/Spe	cify:			
Chalkboard V	ideo Camera	_Breakfas	st				
Lectern V	ideo Recorder	_Luncheo	on				
Coat RacksIr	nternet Access	Dinner					
For specific room setup, see	eck one)	Date of co	Date of contact with Cafeteria/Culinary Arts Services				
Yes or No			if used for	if used for this event:			
Part II - To be complet	ted by PCTC Perso	onnel	4.00	Respon	sibility Notice		
Estimate Calculation of	tinent papers	s. It is und	It is understood that our organization assumes full				
Rental				responsibility for any damage to the building and			
Custodial Services			equipme	nt.			
Food Services			A Securi	ity Deposit in t	he amount of \$		
Other	<del> </del>			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/act	tivity.			
following the event/activity.			Anyond	Lall informati	on on this form may be		
Upon receipt of invoice, please make check payable to:			Any and all information on this form may be shared with the public through our publicly				
Pioneer CTC				accessed calendar.			
Action Taken	Date	Ву					
Approved and Booked	6/2/2016	NYB		4			
Billed for Services	7//			Signature (pers	son in charge of activity)		
Referred to Board			Date:				

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.



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

Part I - To be complete	ted by organization	on requestir	ig building uti	lization 💎			
Date(s) 6/16/2016			Setup Time	Tear Down	Date Request Submitted		
Activity: Day(s) THURSDAY			Time	June 1, 2016			
Event Time(s)	) 10:00 a.m 1	l2:00 p.m.			Room(s) / Area Requested:		
Name of Organization a	and Event Being He	eld	Number o		CULINARY		
ADULT ED - CHEF WEI	BEL		1	Attending Meeting			
				5 - 10			
Address				Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
			(i.e. catere	r, photographer,	eic.)		
Contact Person: Www	tin Druga	~	Business N	ame:			
Phone Numbers:	Home:		Contact Pe	rson:			
Work: <u>4み3</u> 0 <u>プ</u>	Cell:		Phone Nun	nber:			
	<u> </u>		Address:	_			
PCTC Requested Service	es: (Identify No. No.	eeded)	If specific l	nookup/utility ne	eds are required see attached:		
	_	<u>Café</u> OR	(check one				
Room Setup Electr		_Culinary Arts	Estimated	time of arrival	at Pioneer for setup/delivery:		
_	Microphone _	Drinks					
	Ovrhd. Proj.	Snacks	Other/Spe	cify:			
Chalkboard V	/ideo Camera	Breakfas	st				
Lectern V	/ideo Recorder _	Luncheo	on				
Coat Racks In	nternet Access _	Dinner					
For specific room setup, see	heck one)	Date of co	Date of contact with Cafeteria/Culinary Arts Services				
Yes orNo			if used for	if used for this event:			
Part II - To be comple	ted by PCTC Per	sonnel		Respon	sibility Notice		
Estimate Calculation of	Fees: Attach any pe	ertinent papers	s. It is unde	erstood that our	r organization assumes full		
Rental				responsibility for any damage to the building and			
Custodial Services			equipme	nt.			
Food Services			A Securi	A Security Deposit in the amount of \$			
Other			1	is required to confirm scheduling. This will be			
Total F	Fee Estimate			applied to final invoice upon satisfactory complete of			
Note: Final invoice billing based upon actual costs			event/act	ivity.			
following the eve	nt/activity.		Any and	all information	on on this form may be		
Upon receipt of invoice, please make check payable to:				Any and all information on this form may be shared with the public through our publicly			
Pioneer CTC				accessed calendar.			
Action Taken	Date	Ву		1//			
Approved and Booked	4/2/2016	MB		14	7		
Billed for Services	/-/			Signatur (pers	on in charge of activity)		
Referred to Board			Date:	1			
It is the policy of Pioneer	Caroor & Tachnolos	w Contor to	The The	ven for calco	School Control		

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.



## **Pioneer Career and Technology Center**

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following the event/activity.  Upon receipt of invoice, please make check payable to:  Pioneer CTC  Action Taken  Approved and Booked  Billed for Services  Referred to Board  Any and all information on this form may be shared with the public through our publicly accessed calendar.  Signature (person in charge of activity)  Date:	Part I - To be co	omplet	ed by organizat	ion requestir	ng building uti	lization		
Event Time(s) 10:00 a.m 12:00 p.m.  Name of Organization and Event Being Held ADULT ED - CHEF WEIBEL  Address  Contact Person: MARTIN DZUGAN  Phone Numbers: Home: Contact Person: Martin DZUGAN  Phone Numbers: Home: Contact Person: Martin DZUGAN  Phone Numbers: Home: Contact Person: Martin DZUGAN  PCTC Requested Services: (Identify No. Needed)  Café OR Café OR Calinary Arts  Tables Ovrhd. Proj. Snacks  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)  Yes or No  Fart II: To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers.  Rental	Date(s) 6/21/2016			Setup Time		Date Request Submitted		
Name of Organization and Event Being Held ADULT ED - CHEF WEIBEL  Address  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name: Contact Person: Work: 42302  Cell:  PCTC Requested Services: (Identify No. Needed) Chairs Chairs Microphone Tables Covrid. Proj. Chalkboard Video Camera Breakfast Lectern Cott Racks Internet Access Dinner 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 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 Approved and Booked Billed for Services Referred to Board  Number of Persons Attending Meeting 5 - 10  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name: Contact Person:  Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No  Stimated time of arrival at Pioneer for setup/delivery:  Other/Specify:  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  Responsibility Notice  Estimate Calculation of Fees: Attach any pertinent papers.  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 he shared with the public through our publicly accessed cale for.  Action Taken  Date  By  Approved and Booked Billed for Services  Referred to Board  Action Taken  Date  By  Approved and Booked Billed for Services  Referred to Board	Activity: Day(s) TUESDAY				Time	June 1, 2016		
Address  Address  Address  Address  Attending Meeting 5 - 10  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name: Contact Person: Work: 42302  Cell:  PCTC Requested Services: (Identify No. Needed) Caff OR Room Setup Electronic Calinary 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) Yes or No  Part.II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental  Custodial 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: Ploneer CTC  Action Taken Date By Approved and Booked A 28010  Billed for Services Referred to Board  Attending Meeting 5 - 10  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  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.  Any and all information on this form may be shared with the public through our publicly accessed cale for.  Signitury (person in charge of netwity)  Date:  Date:  Other/Specify:  Other/Specify:  Other/Specify:  Other/Specify:  If such estonic presents are required see attached:  (check one) Yes or No  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  Action Taken Date By  Any and all info	Event 7	Γime(s)	10:00 a.m	12:00 p.m.			Room(s) / Area Requested:	
Address    Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Name of Organiz	ation a	nd Event Being H	Ield			CULINARY	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Contact Person: MARTIN DZUGAN Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Number: Address: PCTC Requested Services: (Identify No. Needed)  Café OR Room Setup Electronic Cultinary 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) Yes or No  Part.II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	ADULT ED - CHE	F WEII	BEL		1			
Contact Person: MARTIN DZUGAN Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Number: Address: Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Other/Specify: Other/Specify: 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 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 I/ J J J J J J J J J J J J J J J J J J								
Phone Numbers: Home: Contact Person: Phone Numbers: Work: 42302 Cell: Phone Number: Address: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Other/	Address							
Port Requested Services: (Identify No. Needed)  Room Setup Electronic	Contact Person:	MAR	TIN DZUGAN		Business N	lame:		
Address:    PCTC Requested Services: (Identify No. Needed)   Cafe OR	Phone Numbers:		Home:		Contact Pe	rson:		
PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic 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) Yes or No  Stimated time of arrival at Pioneer for setup/delivery:  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 Billed for Services Referred to Board  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  Other/Specify:  Date involve dime of arrival at Pioneer for setup/delivery:  Other/Specify:  Date of contact with Cafeteria/Culinary Arts Services  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 cale for accessed cal	Work: <b>42302</b>		Cell:		Phone Nun	nber:		
Café OR Culinary Arts   Culinary Arts					Address:	_		
Electronic	PCTC Requested	Servic	es: (Identify No. 1	Needed)	If specific	hookup/utility ne	eeds are required see attached:	
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) Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental				_				
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) Yes or No  Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	-			_	s Estimated	time of arrival	l at Pioneer for setup/delivery:	
Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Partill* To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	<del></del>		_	_				
Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Partill: To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental			· ·	<del></del>	1 -	ecify:		
Coat Racks Internet Access Dinner 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	Chalkboard	V	'ideo Camera	Breakfas	st		<del></del>	
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	Lectern	V	ideo Recorder	Lunched	on			
Yes or No   If used for this event:	Coat Racks	Ir	nternet Access	Dinner				
Responsibility Notice	For specific room se	tup, see	attached design: (	(check one)	Date of co	i ·		
Estimate Calculation of Fees: Attach any pertinent papers.  Rental	Yes or	No			if used for			
Rental	Part II - To be co	omple	ted by PCTC Pe	rsonnel		Respon	sibility Notice	
Custodial Services equipment.  Food Services	Estimate Calculat	ion of l	Fees: Attach any p	pertinent paper	s. It is und	It is understood that our organization assumes full		
Food Services	Rental							
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  Approved and Booked  Billed for Services  Referred to Board  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 calerdar.  Signature (person in charge of activity)  Date:	Custodial Service	s			equipme	nt.		
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  Approved and Booked  Approved and Booked  Date  By  Approved and Booked  Referred to Board  Approved and Board	Food Services	• • • • • • • •			A Securi	A Security Deposit in the amount of \$		
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 (/2/2016)  Billed for Services  Referred to Board  event/activity.  Any and all information on this form may be shared with the public through our publicly accessed cale foar.  Signature (person in charge of activity)  Date:	Other		·····					
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  Approved and Booked  By  Referred to Board  Any and all information on this form may be shared with the public through our publicly accessed calendar.  Signature (person in charge of activity)  Date:	r	Total F	ee Estimate				upon satisfactory complete of	
Upon receipt of invoice, please make check payable to:  Pioneer CTC  Action Taken  Approved and Booked  Billed for Services  Referred to Board  Any and all information on this form may be shared with the public through our publicly accessed cale for accessed cale	Note: Final invoice billing based upon actual costs			event/ac	uvity.			
Upon receipt of invoice, please make check payable to:  Pioneer CTC  Action Taken  Approved and Booked  Billed for Services  Referred to Board  Shared with the public through our publicly accessed cale for acce	following t	he eve	nt/activity.		— Any and	l all information	on on this form may be	
Action Taken  Approved and Booked  Billed for Services  Referred to Board  Pioneer CTC  accessed calendar.  Signature (person in charge of activity)  Date:								
Approved and Booked (1/2/2016 USS)  Billed for Services  Referred to Board  Date:	Pioneer CTC							
Billed for Services  Referred to Board  Signature (person in charge of activity)  Date:	Action Take	n	Date	By		1/1/		
Referred to Board Date:	Approved and Boo	oked	4/2/2016	WB		MAZ	<del></del>	
Referred to Board	Billed for Service	s	/ /.			Signature (pers	on in charge of activity)	
It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event!	Referred to Board							

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### Pioneer Career and Technology Center

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Part I - To be co	mpleted by	organizati	on requestin	g building ut	ilization	The second secon	
Date(s) 6/23/2016			Setup Time	Tear Down	Date Request Submitted		
Activity: Day(s) THURSDAY			Time	June 1, 2016			
Event T	ime(s) 10:	00 a.m	12:00 p.m.	=		Room(s) / Area Requested:	
Name of Organiza		ent Being H	Ield		of Persons	CULINARY	
ADULT ED - CHE	F WEIBEL				Attending Meeting		
A 1 I			<del></del>		5 - 10	by outside some of a large	
Address					Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person:	MARTIN DZ	UGAN		Business N	Name:		
Phone Numbers:	Н	ome:	<u> </u>	Contact Pe	erson:		
Work: <b>42302</b>	(	Cell:		Phone Nur	nber:		
·		<del></del>		Address:			
PCTC Requested	Services: (Id	entify No. N	leeded)	If specific	hookup/utility ne	eeds are required see attached:	
D 0.4			<u>Café</u> OR		(check one) Yes or No		
	Electronic		Culinary Arts	Estimated	l time of arrival	at Pioneer for setup/delivery:	
Chairs	Microph		Drinks				
Tables	Ovrhd. I	•	Snacks	Other/Spe	ecify:		
Chalkboard	Video C		Breakfas		·		
Lectern	Video R		Luncheo	n	<del></del>		
Coat Racks	Internet	•	Dinner	<del></del>			
For specific room set		ed design: (	check one)	l l	Date of contact with Cafeteria/Culinary Arts Services		
Yes or	No				if used for this event:		
Part II - To be co	mpleted by	PCTC Pe	rsonnel		Respon	sibility Notice	
Estimate Calculati	on of Fees: A	Attach any p	ertinent papers		It is understood that our organization assumes full		
Rental	•••••				responsibility for any damage to the building and		
Custodial Services		<u>.</u>		equipme	ent.		
Food Services	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	<del></del> -	A Secur	A Security Deposit in the amount of \$		
Other	• • • • • • • • • • • • • • • • • • • •				is required to confirm scheduling. This will be		
T	otal Fee Esti	imate		applied to event/ac		upon satisfactory complete of	
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.				·			
Upon receipt of invoice, please make check payable to:				Any and all information on this form may be shared with the public through our publicly			
Pioneer CTC				accessed calendar.			
Action Taken	1	Date	Ву		11/		
Approved and Boo	ked le/2/c	2016	rys		MY		
Billed for Services			-		Signature (pers	on in charge of activity)	
Referred to Board				Date:			
t is the policy of Pic	neer Career a	& Technolo	ay Center to u	se Thank	VOU for sales	And Pioneer for your event!	

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# **Pioneer Career and Technology Center**

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

Part I - To be comple	ted by organization	n requestin	g building u	ilization		
Date(s) 6/28/2016			Setup Time	Tear Down	Date Request Submitted	
Activity: Day(s) TUESDAY			Time	June 1, 2016		
Event Time(s	) <b>10:00 a.m</b> 1	2:00 p.m.			Room(s) / Area Requested:	
Name of Organization a	~	eld	I I	of Persons	CULINARY	
ADULT ED - CHEF WEI	BEL	-	Attendi	Attending Meeting		
A 11			Carvines	5 - 10	ay outside nemen(a)/yendem	
Address				Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: MAR	TIN DZUGAN		Business	Name:		
Phone Numbers:	Home:		Contact F	erson:		
Work: <b>42302</b>	Cell:		Phone Nu	mber:		
			Address:			
PCTC Requested Service	ces: (Identify No. No.	eeded)	If specific	hookup/utility ne	eds are required see attached:	
	<u> </u>	<u>Café</u> OR		e)Yes or		
Room Setup Electr	<del>-</del>	_Culinary Arts	Estimate	d time of arrival	at Pioneer for setup/delivery:	
	Microphone _	Drinks				
	_	Snacks	Other/Sp	ecify:	<del></del>	
	<del>-</del>	Breakfas	st			
	/ideo Recorder _	Luncheo	n			
Coat Racks In	nternet Access _	Dinner	ļ ——	·		
For specific room setup, see attached design: (check one)			Date of o	ontact with Cafe	eteria/Culinary Arts Services	
Yes or No		if used for	if used for this event:			
Part II - To be completed by PCTC Personnel Responsibility Notice						
Estimate Calculation of	Fees: Attach any pe	ertinent papers		It is understood that our organization assumes full responsibility for any damage to the building and		
Rental	······		-			
Custodial Services	····· <u> </u>		equipm	ent.		
Food Services	·····		A Secu	A Security Deposit in the amount of \$		
Other	····· <u> </u>		_	is required to confirm scheduling. This will be		
Total F	Fee Estimate			applied to final invoice upon satisfactory complete of event/activity.		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.			-	Any and all information on this form may be shared with the public through our publicly accessed calendar.		
Upon receipt of invoice, please make check payable to: Pioneer CTC			o: shared			
Action Taken	Date	By		1 //		
Approved and Booked	4/2/2016	MB		MA		
Billed for Services	/ /			Signature (pers	on in charge of activity)	
Referred to Board			Date: _			

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