Building Utilization Request



Pioneer Career and Technology Center

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

Part I - To be complete	ed by organization req	uesting b	uildinguit	lizze (illofa)		
Date(s) 8/8/20	016	0.	etup Time	Tear Down	Date Request Submitted	
Activity: Day(s) Monc		30	etup i inie	Time	June 2, 2016	
Event Time(s)	8:45 AM		8:00	11:00	Room(s) / Area Requested:	
Name of Organization		•	Number o		Cafeteria/	
Principals/Secretaries Meeting			Number of Persons Attending Meeting Cafeteria/ Cafet			
			1	45	WISA	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: Tina Hurst. Ext. 42200			Business Name:			
Phone Numbers: Home:			Contact Person:			
Work: Cell:			Phone Number:			
			Address:			
PCTC Requested Services: (Identify No. Needed)			I -	If specific hookup/utility needs are required see attached:		
Room Setup <u>Electronic</u> <u>Café/Culinary Arts</u>			(check one)Yes orNo			
x ChairsMicrophoneDrinks			Estimated time of arrival at Pioneer for setup/delivery:			
x Tables O	vrhd. Proj Si	nacks			Rodenburgh	
Chalkboard V	ideo CameraL	uncheon	Other/Spe	ecify: Desks r	needed in 💓; Breakfast	
x LecternV	ideo RecorderD	inner	set up v	vith J. Fortma	n and sponsored by	
Coat RacksInternet Access			Jostens			
For specific room setup, see attached design: (check one)			Date of contact with Cafeteria/Culinary Arts Services			
Yes or _x_ No			if used for this event:			
Part.II - To be completed by RCTG 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						
Other			A Security Deposit in the amount of \$			
Total Fee Estimate			is required to confirm scheduling. This will be			
Note: Final invoice billing based upon actual costs			1	applied to final invoice upon satisfactory complete of		
following the event/activity.			event/activity. Signature (person in charge of activity)			
Upon receipt of invoice, please make check payable to:						
Pioneer CTC						
Action Taken Date By						
Approved and Booked	4/8/16 74	YB	Date:	6/7/11	2	
Billed for Services	-/-/-		1 -	· · · · /		
Referred to Board			Thank	you for selec	ting Pioneer for your event!	