## Building Utilization Request



## Pioneer Career and Technology Center ATTN: Director of Business Affairs

27 Ryan Road, Shelby, OH 44875

Part I - To be complet	ed by organization	n requestin	ig build	ling util	lization 🗼 🚋		
Date(s) 8/18/2016		Setup Time		Tear Down	Date Request Submitted		
Activity: Day(s) Thursday			Setup		Time	June 2, 2016	
Event Time(s)	7:30 - 3:30					Room(s) / Area Requested:	
Name of Organization			1		f Persons	ARENA/DLTC/COMM ROOM	
Pioneer Returning Teacher Day			A	Attending Meeting			
<u> </u>				300			
Address				Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: Kris Kowalski, ext. 42202				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:			
Room Setup <u>Electronic</u> <u>Café/Culinary Arts</u>				(check one)Yes orNo			
x Chairs x N	licrophone	Drinks	Es	Estimated time of arrival at Pioneer for setup/delivery:			
x Tables O	ovrhd. Proj.	Snacks	_				
Chalkboard Video Camerax Luncheon			on Ot	Other/Specify: as the date approaches, the set-up			
x Lectern V	ideo Recorder _	Dinner	<u> </u>	will be finalized by Kowalski with ML Barr &			
Coat RacksInternet Access				Breafast/Lunch with J. Fortman			
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:			
Part 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						•	
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				applied to final invoice upon satisfactory complete of			
following the event/activity.			l e	Signature (person in charge of activity)			
Upon receipt of invoice, please make check payable to:			to:				
Pioneer CTC							
Action Taken Date By							
Approved and Booked	6/8/16	MB		Date:	47	16	
Billed for Services	, ,					<u></u>	
Referred to Board				Thank	vou for selec	ting Pioneer for your event!	