## **Building Utilization** Request



## Pioneer Career and Technology Center ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Date(s) 23-Aug-16 Activity: Day(s) Tuesday Event Time(s) 6:30 p.m 8:00 p.m.  Name of Organization and Event Being Held OSBA Central Region  Address  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer pholographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer pholographer, etc.)  Services to be provided by outside person(s)/vendors  Services	िहें दिल्ली है विभिन्न विभाग हो हो है है है का बहु महर हो हो है के अपने हैं कि है						
Event Time(s)   6:30 p.m.   8:00 p.m.   8:16   Number of Persons Attending Meeting   25-50	Date(s) 23-Aug-16			Setup Time		Date Request Submitted	
Name of Organization and Event Being Held OSBA Central Region  Address  Services to be provided by outside person(s)/vendors i.e. caterer, photographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, photographer, etc.)  Business Name: Contact Person: Work:    Cell: 614   832-3880     PCTC Requested Services: (Identify No. Needed)	Activity: Day(s) Tuesday				Time	July 13, 2016	
Attending Meeting 25-50  Services to be provided by outside person(s)/vendors i.e. caterer, photographer, etc.)  Services to be provided by outside person(s)/vendors i.e. caterer, photographer, etc.)  Business Name:  Contact Person: Work:  Coll: 614  B32-3880  PCTC Requested Services: (Identify No. Needed)  For Setup  Café OR  Café OR  Café OR  Café OR  Café OR  Com Setup  Electronic  X Chairs  X Microphone  X Drinks  Tables  Ovrhd. Proj.  X Snacks  Chalkboard  Video Camera  Breakfast  X Lectern  Video Recorder  Luncheon  Coat Racks  Internet Access  Dinner  For specific room setup, see attached design: (check one)  Yes or  No  Strill Person  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: Pinacer CTC  Action Taken  Date  By  Approved and Booked  Billed for Services  Referred to Board  Attending Meeting  25-50  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:  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.  Signature (person in charge of activity)  Date: 13-Jun-16	Event Time	(s) <b>6:30 p.m 8:</b>	00 p.m.	6:00 p.m.	8:15	Room(s) / Area Requested:	
Address  Contact Person: Kim Miller-Smith Phone Numbers: Home: Coll: 614 832-3880  PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Culimary Ans Tables Ovrhd. Proj. x Snacks Chalkboard Video Camera Breakfast x Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Settimated 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 6/13/1/L Billed for Services Referred to Board  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:  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  It is understood that our organization assumes full responsibility for any damage to the building and equipment.  Any and all information on this form may be shared with the public through our publicly accessed calendar.  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: 13-Jun-16							
Contact Person: Kim Miller-Smith Phone Numbers: Home: Work: Cell: 614 832-3880  PCTC Requested Services: (Identify No. Needed)  Café OR Room Setup Electronic Culinary Arts Tables Ovrhd. Proj. X Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Battill Fair Wordpland by 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 (6/13/1/L)  Business Name: Contact Person: Phone Number: Address: If specific hookup/utility needs are requifed see attached: (check one) Yes or No  Chiek One) Yes or No  Other/Specify:  Other/Specify:  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  It is understood that our organization assumes full responsibility for any damage to the building and equipment.  A Security Deposit in the amount of S 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.  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: 13-Jun-16				25-50			
Phone Numbers: Home: Cell: 614 832-3880  PCTC Requested Services: (Identify No. Needed)  Caté OR  Room Setup Electronic Culinary Arts  X Chairs X Microphone X Drinks Tables Ovrhd. Proj. X Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Estimated time of arrival at Pioner for setup/delivery:  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  It is understood that our organization assumes full responsibility for any damage to the building and equipment.  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 Billed for Services Referred to Board  Contact Person:  Phone Number: Address:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioner for setup/delivery:  Other/Specify:  Other/Specify:  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.  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: 13-Jun-16	Address		*				
Phone Numbers: Home: Work: Cell: 614 832-3860  PCTC Requested Services: (Identify No. Needed)  PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Culinary Arts X Chairs X Microphone X Drinks Tables Ovrhd. Proj. X Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one) Yes or No  Settimated time of arrival at Pioneer for setup/delivery:  Total Registry States Plannal  Estimate Calculation of Fees: Attach any pertinent papers.  Rental Custodial Services  Food 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 6/13/1/6 Public States Payable to: Ploneer CTC  Referred to Board  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:  Upon receipt of move, peed and Booked 6/13/1/6 Public States Plannal  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:  Upon receipt of move, peed and sea tached design: (check one)  Plannal time of arrival at Pioneer for setup/delivery:  Upon receipt of invence, please make check payable to: Ploneer CTC  Action Taken Date By  Approved and Booked 6/13/1/6 Public States Plannal  Signature (person in charge of activity)  Date: 13-Jun-16	Contact Person: Ki		Business Na	Business Name:			
PCTC Requested Services: (Identify No. Needed)  Room Setup	Phone Numbers:	Home:			Contact Person:		
PCTC Requested Services: (Identify No. Needed)    Café OR   Culinary Arts	Work:	Work: Cell: 614 832-3880			Phone Number:		
Callé OR   Culinary Arts			Address:	Address:			
Estimated time of arrival at Ploneer for setup/delivery:   X Chairs	PCTC Requested Serv	ded)					
X Chairs   X Microphone   X Drinks							
Tables Ovrhd. Proj. x Snacks Chalkboard Video Camera Breakfast x Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Baffill Tollector plate by RCliff Resolved Estimate Calculation of Fees: Attach any pertinent papers. Rental					Estimated time of arrival at Pionéer for setup/delivery:		
Chalkboard Video Camera Breakfast  x Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one) Yes or No  Eatimate Calculation of Fees: Attach any pertinent papers. Rental	•						
X   Lectern				, i	Other/Specify:		
Coat RacksInternet AccessDinner For specific room setup, see attached design: (check one) Yes orNo  If artill Folips completed by RATIC Personnel  Estimate Calculation of Fees: Attach any pertinent papers.  Rental							
For specific room setup, see attached design: (check one)  Yes or No  Refitable Tobics complised by RCTG Personnel  Estimate Calculation of Fees: Attach any pertinent papers.  Rental				<u> </u>			
If used for this event:							
Estimate Calculation of Fees: Attach any pertinent papers.  Rental  Custodial Services  Food 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  Approved and Booked  Date  Approved and Booked  Date  Rental  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.  Action Taken  Date  By  Approved and Booked  Date: 13-Jun-16	•	eck one)	Date of cor	Date of contact with Cafeteria/Culinary Arts Services			
Estimate Calculation of Fees: Attach any pertinent papers.  Rental							
Rental responsibility for any damage to the building and equipment.  Custodial Services A Security Deposit in the amount of sis 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  Action Taken Date By  Approved and Booked 6/13/16 PUBS  Billed for Services  Referred to Board  Referred to Board  A Security Deposit in the amount of sis 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.  Signature (person in charge of activity)  Date: 13-Jun-16	The April of the section of the	engl		ike nombliky kojes			
Custodial Services  Food Services  Cother  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  Billed for Services  Referred to Board  Pood Services  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.  Signature (person in charge of activity)  Date: 13-Jun-16	Estimate Calculation o	inent papers.		responsibility for any damage to the building and			
Custodial Services  Food Services  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.  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  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.  Signature (person in charge of activity)  Date: 13-Jun-16	Rental	<u> </u>					
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  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 calendar.  Multiply  Signature (person in charge of activity)  Date: 13-Jun-16	Custodial Services				<b>``</b>		
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  Approved and Booked  By  Approved and Booked  By  Approved and Booked  By  Referred to Board  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.  Signature (person in charge of activity)  Date: 13-Jun-16	Food Services	<u> </u>		is required to confirm scheduling. This will be applied to			
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   Approved and Booked   By	Other						
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   Approved and Booked   By  Billed for Services  Referred to Board  Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.    Any and all information on this form may be shared with the public through our publicly accessed calendar.	Total Fee Estimate			nnai invo	ice upon satista	ictory complete of event/activity.	
Action Taken  Approved and Booked  By  Approved to Board  Action Taken  Date  By  Approved and Booked  By  Approved to Board  Billed for Services  Referred to Board  With the public through our publicly accessed calendar.  With the public through our publicly accessed calendar.  Signature (person in charge of activity)  Date: 13-Jun-16		l costs					
Approved and Booked 6/13/16 Fulls Signature (person in charge of activity)  Referred to Board Date: 13-Jun-16				with the	with the public through our publicly accessed		
Billed for Services Signature (person in charge of activity)  Referred to Board Date: 13-Jun-16	Action Taken	Date	By				
Referred to Board Date: 13-Jun-16	Approved and Booked	6/13/16	July	Markey	ut Muy-	much	
ACTORIOG TO DOME	Billed for Services				·	son in charge of activity)	
		1,	-	Date: 13-Jun-16			

these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.