

Building Utilization Request



Pioneer Career and Technology Center

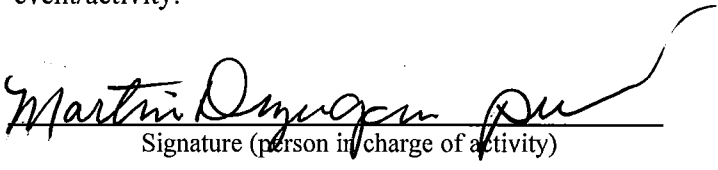
ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44675

Part I - To be completed by organization requesting building utilization

Date(s) 9-Aug-16		Date Request Submitted July 18, 2016
Activity: Day(s) TUESDAY		Room(s) / Area Requested: W133 & W135
Time(s) 9:00 AM - 4:00 PM		
Name of Organization PCTC ADULT ED STNA TESTING	Number of Persons Attending Meeting 6	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: MARTIN DZUGAN		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: (check one) <u>Yes</u> or <u>No</u>
Room Setup	Electronic	Café/Culinary Arts
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____

Part II - To be completed by PCTC Personnel

Responsibility Notice

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			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.  Signature (person in charge of activity) Date: July 18, 2016
Action Taken	Date	By	
Approved and Booked	7/21/16	MD	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!