

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44881

Part I - To be completed by organization requesting building utilization

| | | |
|--|---|--|
| Date(s) 16-Aug-16 | | Date Request Submitted July 27, 2016 |
| Activity: Day(s) TUESDAY | | Room(s) / Area Requested: ADULT ED OFFICE, WELDING ROOMS W133 & W135 |
| Time(s) 5:30 PM - 8:30 PM | | |
| Name of Organization PIONEER ADULT ED OPEN HOUSE | Number of Persons Attending Meeting 12 | |
| 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) <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Room Setup | Electronic | Café/Culinary Arts |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Drinks |
| <input 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) <input type="checkbox"/> Yes or <input type="checkbox"/> 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: _____ |

Part II - To be completed by PCTC Personnel

| | | |
|--|-------------|-------------|
| 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 | By |
| Approved and Booked | 7/25/2016 | [Signature] |
| Billed for Services | | |
| Referred to Board | | |

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 completion of event/activity.

Signature (person in charge of activity)

Date: **July 27, 2016**

Thank you for selecting Pioneer for your event!