

# 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) <b>8-Aug-16</b>  |   | Date Request Submitted<br><b>July 27, 2016</b>   |
| Activity: Day(s) <b>MONDAY</b>   |   | Room(s) / Area Requested:<br><b>ADULT ED OFFICE, WELDING<br/>ROOMS W133 &amp; W135</b>   |
| Time(s) <b>5:30 PM - 8:30 PM</b>   |   |  |
| Name of Organization<br><b>PIONEER ADULT ED OPEN HOUSE</b>   | Number of Persons<br>Attending Meeting<br><b>12</b> |  |
| Address  |   | Services to be provided by outside person(s)/vendors<br>(i.e. caterer, photographer, etc.)   |
| Contact Person: <b>MARTIN DZUGAN</b>   |   | Business Name: _____   |
| Phone Numbers: Home: _____   |   | Contact Person: _____  |
| Work: _____ Cell: _____  |   | Phone Number: _____  |
| PCTC Requested Services: (Identify No. Needed)   |   | Address: _____   |
| <u>Room Setup</u>  | <u>Electronic</u>                                   | <u>Café/Culinary Arts</u>  |
| ____ Chairs  | ____ Microphone                                     | ____ Drinks  |
| ____ Tables  | ____ Ovrhd. Proj.                                   | ____ Snacks  |
| ____ Chalkboard  | ____ Video Camera                                   | ____ Luncheon  |
| ____ Lectern   | ____ Video Recorder                                 | ____ Dinner  |
| ____ Coat Racks  | <input checked="" type="checkbox"/> Internet Access |  |
| For specific room setup, see attached design: (check one)<br><input type="checkbox"/> Yes or <input type="checkbox"/> No |   | If specific hookup/utility needs are required see attached:<br>(check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|  |   | Estimated time of arrival at Pioneer for setup/delivery:<br>_____  |
|  |   | Other/Specify: _____   |
|  |   | Date of contact with Cafeteria/Culinary Arts Services<br>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  | _____       |           |
| <b>Total Fee Estimate</b>  |             | _____     |
| <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. |             |           |
| Upon receipt of invoice, please make check payable to:<br><b>Pioneer CTC</b>             |             |           |
| <b>Action Taken</b>  | <b>Date</b> | <b>By</b> |
| Approved and Booked  | 7/25/16     | MB        |
| 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!