

Building Utilization Request



Pioneer Career and Technology Ce

ATTN: Director of Business Affai

27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utiliz

Date(s) <u>9/14, 10/19, 11/16, 12/14</u>		Setup Time 2:15	Tear Down Time 4:00	Date Request Submitte August 13, 2016
Activity: Day(s) <u>1/18, 2/15, 3/15, 4/19, 5/17</u>				Room(s) / Area Request Cafeteria 9/14, Community Room all other dates
Event Time(s) 2:35		Number of Persons Attending Meeting Up to 50		
Name of Organization and Event Being He EAP				
Address 27 Ryan Road Shelby, OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Perso <u>Kendra Roberts</u>		Business Name: <u>Pauls Drive In Sept. 14 Meeting</u>		
Phone Numbers: Home: _____		Contact Person: _____		
Work ext. <u>42561</u> Cell: <u>419 564-9507</u>		Phone Number: _____		
PCTC Requested Services: (Identify No. Need Room Setu <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <u>Microphon</u> <u>Drinks</u> <input checked="" type="checkbox"/> Tables <u>Ovrhd. Pro</u> <u>Snacks</u> <u>Chalkboar</u> <u>Video Camer</u> <u>Breakfas</u> <u>Lecter</u> <u>Video Recorde</u> <u>Luncheo</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delive _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Serv if used for this event _____		

Part II - To be completed by PCTC Personn

Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent pap

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	<u>8/11/16</u>	<u>KRB</u>
Billed for Services		
Referred to Board		

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount \$ _____ 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.

Kendra Roberts
Signature (person in charge of activity)

Date: 8/13/2016