## -Building Utilization Request



## **Pioneer Career and Technology Center**

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Address   Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)    Contact Person:   Danielle Ash   Business Name:   Contact Person:   Work: ext   42600   Cell:   Phone Numbers:   Address:   Proposition   Culinary Arts   Address:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   No   No   No   No   No   No	Part I - To be completed by organization requesting building utilization						
Event Time(s) 9 am & 12:30 pm  Name of Organization and Event Being Held ECE (for Shelby Fire Truck to Visit)  Address  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name:  Contact Person:  Work: ext 42600 Cell:  PCTC Requested Services: (Identify No. Needed)  Chairs Microphone Drinks  Tables Ovrhd. Proj. Snacks  Chairs Microphone Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one) Yes or No  Part II: To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental	Date(s) Oct 14 2016			Setup Time		Date Request Submitted	
Name of Organization and Event Being Held  ECE (for Shelby Fire Truck to Visit)  Address  Address  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name:  Contact Person:  Work: ext 42600 Cell:  PCTC Requested Services: (Identify No. Needed)  Café OR  Room Setup Electronic Cultary Arts  Chairs Microphone Drinks  Tables Ovrhd. Proj. Snacks  Chalkboard Video Camera Breakfast  Lectern Video Recorder Luncheon  Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one)  Yes or No  Part II: To be completed by PCTC Personnel.  Estimate Calculation of Fees: Attach any pertinent papers.  Rental	· · · · · · · · · · · · · · · · · · ·			Time	Aug 17 2016		
Attending Meeting 30  Address  Attending Meeting 30  Attending Meeting 30  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name:  Contact Person:  PCTC Requested Services: (Identify No. Needed) Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II:-To be completed by PCTC Personnel 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 \$\far{2}\triangle \triangle \trian	Event Time(s)	9 am & 12:3	0 pm			Room(s) / Area Requested:	
Address  Contact Person: Danielle Ash Phone Numbers: Home: Contact Person: Phone Numbers: Address: Phone Numbers: Address: Phone Numbers: 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:    Date of contact with Cafeteria/Culinary Arts Services   It is understood that our organization assumes full responsibility. Notice	Name of Organization a	nd Event Being H	Ield	1		ECE Parking Lot	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Contact Person: Danielle Ash Phone Numbers: Home: Contact Person: Phone Numbers: Address:  PCTC Requested Services: (Identify No. Needed) Café OR Room Setup Electronic Culinary Arts Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	ECE (for Shelby Fire Truck to Visit)			Attending			
Contact Person: Danielle Ash Phone Numbers: Home: 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: Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached design: (check one) Yes or No Tatle For Specific room setup, see attached: (check one) Yes or No Tatle For Specific room setup, see attached: (check one) Yes or No Tatle For Specify: Date of contact with Cafeteria/Culinary Arts Services if used for this event:    Date of contact with Cafeteria/Culinary Arts Services if used for this event:					<u> </u>		
Danielle Ash   Phone Numbers:   Home:     Contact Person:   Work: ext   42600   Cell:   Phone Numbers:   Home:     Phone Numbers:   Home:     Phone Numbers:   Address:   Address:   If specific hookup/utility needs are required see attached: (check one)   Yes orNo   No   No   No   No   No   No   No	Address				* * * * * * * * * * * * * * * * * * * *		
Phone Numbers: Home: Contact Person: Phone Number: Address:  PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Cafe OR Calinary Arts Chairs Microphone Drinks Tables Ovrhd, Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II: To be completed by PCTC Personnel  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 #/2 1/12 WHB  Billed for Services  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:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  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 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)		···	(i.e. catere	(i.e. caterer, photographer, etc.)			
Port Requested Services: (Identify No. Needed)  Room Setup Electronic Qulinary Arts Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II: To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Contact Person: Danielle Ash			Business N	Business Name:		
PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Chairs Microphone Drinks Tables Ovrhd, Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II - To be completed by PCTC Personnel 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 Billed for Services Billed for Services Billed for Services Billed for Services  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:  Responsibility Nutice 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.  Signifure (person in charge of activity)	Phone Numbers: Home:			Contact Pe	Contact Person:		
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Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Tables O	vrhd. Proj.	Snacks	Other/Spe	cify:	<del></del>	
Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one)  Yes orNo	Chalkboard V	ideo Camera	Breakfas	st	<del></del>		
For specific room setup, see attached design: (check one)  Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers.  Rental	Lectern V	ideo Recorder	Lunched	on	· <del></del>		
Yes or No   If used for this event:	Coat Racks In	nternet Access	Dinner				
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  Approved and Booked  Billed for Services  Billed for Services  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)	For specific room setup, see attached design: (check one)			Date of co	Date of contact with Cafeteria/Culinary Arts Services		
Estimate Calculation of Fees: Attach any pertinent papers.  Rental	Yes or No			if used for	if used for this event:		
Rental	Part II - To be completed by PCTC Personnel Responsibility Notice						
Custodial Services equipment.  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 \$\fambda Z \fambda I \tau \fa	Estimate Calculation of	pertinent papers	s. It is und	responsibility for any damage to the building and			
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Upon receipt of invoice, please make check payable to:  Pioneer CTC  Action Taken  Date  By  Approved and Booked  Billed for Services  Signature (person in charge of activity)				Any and	Lall information	on on this form may be	
Action Taken  Approved and Booked  Billed for Services  Date  Signature (person in charge of activity)	Upon receipt of invoice, please make check payable to:						
Approved and Booked 8/22/16  Billed for Services  Signature (person in charge of activity)	Pioneer CTC						
Billed for Services  Signature (person in charge of activity)	Action Taken	Date	By		<i>\ o</i>	MAIN	
Date: (2) /7~//	Approved and Booked	8/22/16	wys		Int	W DV	
Referred to Board Date: S-17-16	Billed for Services	,	_		Signature (pers	on in charge of activity)	
	Referred to Board	: 		Date:	8-17-	(6	

It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event! these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.