

Building Utilization Request



Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

Date(s) 9/7/2016 - 11/2/2016		Date Request Submitted September 2, 2016
Activity: Day(s) MONDAY & WEDNESDAY		Room(s) / Area Requested: W133
Time(s) 5:00 PM - 9:00 PM		
Name of Organization PIONEER ADULT ED STATE TESTED NURSE AIDE	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: _____
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) <input type="checkbox"/> Yes or <input type="checkbox"/> No		If specific hookup/utility needs are required see attached: (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	9/2/16	myB
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 complete of event/activity.

Martin Dzugan
Signature (person in charge of activity)

Date: **September 2, 2016**

Thank you for selecting Pioneer for your event!