Building Utilization Request



Pioneer Career and Technology Cen

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

| Date(s) Friday October 14, 2016 Activity: Day(s) ATI Wooster Event Time(s) all day Name of Organization and Event Being Held ATI OSU Wooster school talking with students about opportunities Address Address Contact Person: Work: Gell: | Part I - To be completed by organization requesting building utilization | | | | | | |
|--|--|------------------|------------|--------------|---|----------------------------|--|
| September 19, 2016 September 19, 2016 Room(s) / Arca Requested: | Date(s) Friday October 14, 2016 | | Setup Time | | Date Request Submitted | | |
| Name of Organization and Event Being Held ATI OSU Wooster school talking with students about opportunities Address Address Contact Person: Laurie Easler Phone Numbers: Home: Cell: Business Name: Contact Person: Mork: Cell: Phone Numbers: Home: Café OR Café OR 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 Rersonnel Estimate Calculation of Fees: Attach any pertinent papers. Rental | Activity: Day(s) ATI Wooster | | | Time | September 19, 2016 | | |
| ATI OSU Wooster school talking with students about opportunities Address Contact Person: Laurie Easler | Event Time(s | s) all day | | | | Room(s) / Area Requested: | |
| Address Address Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Work: Cell: Work: Cell: Phone Numbers: Home: Work: Cell: Phone Number: Address: PCTC Requested Services: (Identify No. Needed) 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 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 Total Fee Estimate Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Address: Business Name: 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: 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 | Name of Organization and Event Being Held | | | | | DLC | |
| Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Contact Person: Laurie Easler Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Number: Address: PCTC Requested Services: (Identify No. Needed) Café OR Couliary 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 | _ | | | it Attending | | | |
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| Contact Person: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No No No Yes or No No No No No No No N | Address | | | 1 | | | |
| Portage Properties Proper | Contact Person: Laurie Easler | | | Business N | Business Name: | | |
| Address: PCTC Requested Services: (Identify No. Needed) Café OR Room Setup Electronic Culinary Arts Estimated time of arrival at Pioneer for setup/delivery: Estimated time of arrival at Pioneer for setup/delivery: Chairs Microphone Drinks Other/Specify: Other/Specify: Other/Specify: Other/Specify: Other/ | Phone Numbers: | Home: | | Contact Pe | Contact Person: | | |
| PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Date of contact with Cafeteria/Culinary Arts Services if used for this event: Part II To be completed by PCTC Rersonnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Total Fee Estimate Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: 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 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 | Work: | Cell: | | Phone Nur | Phone Number: | | |
| Room Setup Electronic Culinary Arts Estimated time of arrival at Pioneer for setup/delivery: 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 | | | | | Address: | | |
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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 | - | Ovrhd. Proj. | | 1 | Other/Specify: | | |
| 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 | Chalkboard | Video Camera | Breakfas | st | | | |
| 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 | Video Recorder _ | Lunched | on | | | |
| Yes or No if used for this event: | Coat Racks | Internet Access | Dinner | | | | |
| Part II - To be completed by PCTC Personnel. Estimate Calculation of Fees: Attach any pertinent papers. Rental | For specific room setup, see attached design: (check one) | | | | Date of contact with Cafeteria/Culinary Arts Services | | |
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| Rental | Part II - To be completed by PCTC Personnel | | | | Respor | sibility 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: 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 | Estimate Calculation of Fees: Attach any pertinent papers. | | | | It is understood that our organization assumes full | | |
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| Pioneer CTC accessed calendar. | Pioneer CTC | | | Bharea | | | |
| Action Taken Date By | Action Taken | Date | By | | - 0 | | |
| Approved and Booked 9/20/16 WHA Law Cush | Approved and Booked | 9/20/14 | ugh | La | N Cas | | |
| Billed for Services Signature (person in charge of activity) | Billed for Services | / / | | | Signature (pers | son in charge of activity) | |
| Referred to Board Date: It is the policy of Pioneer Career & Technology Center to use Thank you for solecting Pioneer to your provided in the policy of t | | | | | Manager physical Health Special Control | | |

these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.