Building Utilization Request



Pioneer Career and Technology Center

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

Date(s) Date	PartII- To be completed by organization requesting br	
Activity: Day(s) Event Time(s) 9:00 PM 100 DAN 100	Date(s) Noviember 17, 2017 Se	
Name of Organization and Event Being Held Number of Persons	Activity: Day(s)	11:00 AM 11/AV 00,001
Address Contact Person: Cag Dittrion	Event Time(s) 8:60 AM-10:20 AM	Room(s)/Area Requested:
Address. Contact Person: Gage Dittran Phone Numbers: Home: Contact Person: Gell: Phone Numbers: Home: Contact Person: Anne Kurtzman Phone Numbers: Home: Phone Numbers: Anne Kurtzman Phone Numbers: Home: Phone Number: Anne Kurtzman Phone Numbers: Gell: Phone Number: Anne Kurtzman P		
Address Contact Person: Phone Numbers: Work: Cell: Coll: Coll Cafe OR Room Setup Electronic Culinary Arts X Chairs Microphone Drinks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or No Battill Robs completed by Reaforms Estimate Calculation of Fees: Attach any pertinent papers. 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: Ploneer CTC Action Taken Date By Approved and Booked Cell: Contact Person: Home: Contact Person: Address: Int such Everson: 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: Other/Specify: Other Mn A N N C Ku/12ma n Phone Number: Luncheon Other Mn O Fees: 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 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 publicity accessed calendar. Signature (person in charge of activity)	Under Ground Pioneer Concert	1
Contact Person: Cage Dittrian Phone Numbers: Home: Work: Cell: Procedulation of Fees: Attach any pertinent papers. Rental	Address	, · · · · · · · · · · · · · · · · · · ·
Properties Pro	<u> </u>	
Properties Pro	Contact Person: Gage Dittnan	Business Name: Performing Arts
Properties Pro	Phone Numbers: Home:	Contact Person: Anne Kurtzman
PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Culinary Arts Chairs Microphone Drinks 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 Partill Biobecompleted by/Regionnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Work: Cell: <u>~</u>	
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Services Security Deposit in the amount of \$ Security Deposit in	Coat Racks 🔀 Internet Access Dinner	
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Estimate Calculation of Fees: Attach any pertinent papers. Rental	<u>X</u> Yes or No	if used for this event:
Rental	Part III - To be completed by PCTC Reisonnel	Responsibility Notice
Custodial Services	Estimate Calculation of Fees: Attach any pertinent papers.	It is understood that our organization assumes full
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 Approved and Booked Billed for 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. Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity) Details of 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)	Rental	
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Approved and Booked 5/24/17 Billed for Services Signature (person in charge of activity)	Pioneer CTC	accessed calendar.
Billed for Services Signature (person in charge of activity)	Action Taken Date By	
Date: 5 5 C	Approved and Booked 3/24/17 My/3	Ohne Watto
Referred to Board Date: S S (1)	Billed for Services	
It is the policy of Pioneer Career & Technology Center to use		

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

use Thank you for selecting Pioneer for your event!