

Building Utilization Request



Pioneer Career and Technology Center ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

| Date(s) 12/1/2017 Activity: Day(s) Friday Event Time(s) 10:45-2:00 Name of Organization and Event Being Held Partner School Secretaries Luncheon Setup Time Tear Down Time May 30, 2017 Room(s) / Area Requested: Community Room/ Cosmetology Lab Services to be provided by outside person(s)/vendors | Part I 2 To be completed by organization requesting building utilization. | | | | | | |
|--|--|-----------|----------------|-------------|---|------------------------------|--|
| Activity: Day(s) Event Time(s) 10:45-2:00 Name of Organization and Event Being Held Partner School Secretaries Luncheon Address Address Contact Person: Tina Hurst, ext. 42200 Phone Numbers: Home: Work: Cell: PCTC Requested Services: (Identify No. Needed) Chairs Microphone Total Ree Estimate Custodial Services Other Total Fees: Attach any pertinent papers. Rental Approved and Booked Approved and Booked Approved and Booked Approved and Booked Dilled for Services Event Time(s) 10:45-2:00 Number of Persons Attending Meeting Number of Persons Attending Meeting Aptending Meeting Number of Persons Comm(s) / Area Requested: Contact Person: Hit square in Arts of Ploneer of Security | | | S | etup Time | Tear Down | Date Request Submitted | |
| Name of Organization and Event Being Held Number of Persons Attending Meeting Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | | | Time | | |
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| Address Address Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Work: Cell: PCTC Requested Services: (Identify No. Needed) Café OR Room Setup Electronic Chalis Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part IL IC De 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: Ploneer CTC Action Taken Date Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) 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 sctup/delivery: details to be confirmed with S. Weibel as date approaches Date of contact with Cafeteria/Culinary Arts Services if used for this event: 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) Date: Date: Signature (person in charge of activity) | | | | | | | |
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these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.