## **Building Utilization Request**



## Pioneer Career and Technology Center

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

Part 1 - To be completed by organization requesting	building uti	lization		
Date(s) 10/30/2017	Setup Time	Tear Down	Date Request Submitted	
Activity: Day(s) Monday		Time	August 22, 2017	
Event Time(s) 12:00-1:00	7:30 AM	1:05 PM	Room(s) / Area Requested:	
Name of Organization and Event Being Held	Number o	·	Arena	
Pioneer Career Development	_	Attending Meeting 60±		
Rotary Job Shadowing Day luncheon		Services to be provided by outside person(s)/vendors		
Address		(i.e. caterer, photographer, etc.)		
Contact Person: Jim Sorenson	Business N	Business Name:		
Phone Numbers: Home:	Contact Pe	Contact Person:		
Work: 42922 Cell: 419 6850216	Phone Nun	Phone Number:		
	Address:	Address:		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached:		
<u>Café</u> OR		(check one) Yes or No		
Room Setup <u>Electronic</u> <u>X</u> Culinary Arts	Estimated	Estimated time of arrival at Pioneer for setup/delivery:		
X Chairs X Microphone Drinks		01. /0. /0.		
X Tables Ovrhd. Proj Snacks	Other/Spe	Other/Specify:		
Chalkboard Video Camera Breakfast				
X Lectern Video Recorder X Luncheon				
X Coat Racks Internet Access Dinner				
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services		
X Yes or No		if used for this event: 8/18; 8/22		
Part II To be completed by PCTC Personnel		Respo	isfibility Northe	
Estimate Calculation of Fees: Attach any pertinent papers.		It is understood that our organization assumes full		
Rental	_	responsibility for any damage to the building and		
Custodial Services	equipme	ent.		
Food Services	A Secur	rity Deposit in t	the amount of \$	
Other		is required to confirm scheduling. This will be		
Total Fee Estimate		applied to final invoice upon satisfactory complete of event/activity.		
Note: Final invoice billing based upon actual costs	eventrac	mivity.		
following the event/activity.	Any an	d all informat	ion on this form may be	
Upon receipt of invoice, please make check payable to		shared with the public through our publicly		
Pioneer CTC	accesse	accessed calendar.		
Action Taken Date By	_	$\gamma \gamma S$		
		1 /		
Approved and Booked 7/23/2017 WB			in abores of activity	
1 / 5/1/4	Date:	Signature (per	rson in charge of activity)	

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three raws (columns) of tables. mak afstes constant width, 1 Head table, with small podium, Seating Bor for n. 3