Building Utilization Request



Pioneer Career and Technology Center

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

Date(s) December 6 - 19, 2017 Setup Time Time Time October 10, 2017	Part I - To be completed by organization requesting building utilization						
Name of Organization and Event Being Held OST / END OF COURSE TESTING	Date(s) December 6 - 19, 2017			Setup Time	i	Date Request Submitted	
Name of Organization and Event Being Held OST / END OF COURSE TESTING Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Contact Person: Mindy Owen Phone Numbers: Home: Contact Person: Phone Number: Address: PCTC Requested Services: (identify No. Needed) Cafe OR Room Setup Electronic Culinary Arts Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks 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	Activity: Day(s) MON - FRI				Time	October 10, 2017	
Address Address Contact Person: Mindy Owen Phone Numbers: Home: Cafe OR Coultact Person: Microphone Drinks Tables Ovideo 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	Event Time(s) All Day					Room(s) / Area Requested:	
Contact Person: Mindy Owen	Name of Organization and Event Being Held						
Address Contact Person: Mindy Owen Phone Numbers: Home: Contact Person: Phone Numbers: Address: Address: Contact Person: Phone Number: Address: Contact Person: Phone Number: Address: 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	OST / END OF COURSE TESTING			Attending	g Meeting	-	
Contact Person: Mindy Owen Business Name: Contact Person: More: Ext 42250 Cell: Phone Numbers: Contact Person: Phone Numbers: Contact Person: Phone Numbers: Address: Phone Number: Address: Phone Number: Address: Contact Person: Phone Number: Address: Contact Person: Phone Number: Address: Chairs Microphone Drinks M				Comviosa	<u> </u>		
Contact Person: Mindy Owen Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Number: Address: PCTC Requested Services: (Identify No. Needed) Café OR Com Setup Electronic Culinary 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'll To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Cotter 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 10/1/2017 THB Billed for Services Referred to Board Business Name: Contact Person: Contact with Cafeteria/Culinary Arts Services if specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Uther/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 accessed calendar. Signature (person in charge of activity) Date: 10/10/17	Address						
Phone Numbers: Home:	Contact Person: Mind						
Procedure Proc							
PCTC Requested Services: (Identify No. Needed) Café OR							
Café OR Culinary Arts Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) 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 Total Fee Estimate Custodial Services Other Total Fee Estimate 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 /o///2o/7 WB Billed for Services Signature (person in charge of activity) Date: 10/10/17 Date		•					
Café OR Culinary Arts Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) 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 Total Fee Estimate Custodial Services Other Total Fee Estimate 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 /o///2o/7 WB Billed for Services Signature (person in charge of activity) Date: 10/10/17 Date	PCTC Requested Service	leeded)	If specific	If specific hookup/utility needs are required see attached:			
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	<u>Café</u> OR			•	(check one) Yes or No		
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	Room Setup Electr	onic	Culinary Art	Estimated	l time of arriva	l at Pioneer for setup/delivery:	
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	Chairs N	Microphone _	Drinks				
Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No if used for this event: Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Tables C	Ovrhd.Proj	Snacks	Other/Spe	ecify:	4	
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 V	ideo Camera _	Breakfa	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 V	ideo Recorder _	Lunched	on			
Fart - To be completed by PCTC Personnel Responsibility Notice	Coat Racks In	nternet Access _	Dinner				
Estimate Calculation of Fees: Attach any pertinent papers. Rental	For specific room setup, see attached design: (check one)			Date of c	Date of contact with Cafeteria/Culinary Arts Services		
Estimate Calculation of Fees: Attach any pertinent papers. Rental	Yes or No		if used fo	if used for this event:			
Rental	Part II - To be completed by PCTC Personnel Responsibility Notice						
Custodial Services	Estimate Calculation of Fees: Attach any pertinent papers.						
Food Services	Rental		_				
Other	Custodial Services		equipme				
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 Approved and Booked Date By Approved and Booked Date By Billed for Services Referred to Board Approved and Board	Food Services	·		is required to confirm scheduling. This will be			
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 Approved and Booked Date By Approved and Booked Approved and Booked By Billed for Services Referred to Board 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: 10/10/17	Other		1 -				
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 Approved and Booked Date By Approved and Booked O / / 2 O / 7	Total Fee Estimate			1		e upon satisfactory complete of	
Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Approved and Booked O / II / 2017 PHB	•			Cyclique	civity.		
Pioneer CTC Action Taken Approved and Booked Approved and Booked Billed for Services Referred to Board Action Taken Date By Signature (person in charge of activity) Date: 10/10/17				— Any and	Any and all information on this form may be		
Action Taken Approved and Booked O II 2017 WAB Signature (person in charge of activity) Referred to Board Date Date		ck payable	Smarca				
Approved and Booked 10/11/2017 MYB Billed for Services Referred to Board Signature (person in charge of activity) Date: 10/10/17			accesse	d calendar.			
Billed for Services Referred to Board Signature (person in charge of activity) Date: 10/10/17			By		ma - 1	. Auga.	
Referred to Board Date: 10/10/17		10/11/2017	173		Signature (per	an in charge of activity)	
Referred to Board				Date:	Digitature (pers		
IN IS THE DUTIES OF LIGHTED CALLET OF LECTIONORY CELLET TO BESSELLIANKWAILSTOREGAID THURSDIANA PLANTALING VAN F		er Career & Technol	_	vou for selec	ting Pioneer for your event		

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