Building Utilization Request



Pioneer Career and Technology Center

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

Date (s) 24-Apr-18	િસ્તાહી મિંજ દિલ્લ લામમુંથી નામ લામુકાના જાયુકાના જાયુકા જાયુકા જાયુકા જાયુકા જાયુક							
Event Time(s) 8:00 am - 11:30 am 7:30 AM Noon Room(s) / Area Requested:					Tear Down	Date Request Submitted		
Name of Organization and Event Being Held Strategic Planning Team Meeting Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Phone Numbers: Work: Cell: PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Qualinary Arts Chairs Microphone Drinks Tables x Ovrhd. Proj. Snacks Chairs Microphone Drinks Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or No Charts (and the person in the amount of Sis required to confirm scheduling and equipment. 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: Ploner CTC Action Taken Date, By Approved and Booked 2 Applaco 5 Billed for Services Signature (person in charge of activity) Community Room Attending Meeting Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Phone Number: Address 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: Other/Specify: Date of contact with Cafeterja/Culinary Arts Services if used for this event: Business Name: Contact Person: Phone Number: Address Other/Specific noom setup, see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Bate of contact with Cafeterja/Culinary Arts Services if used for this event: Business Name: Contact Person: Phone Number: Address Other/Specify: If is understood that our organization assumes full responsibility Notice It is understood that our organization assumes full responsibility Notice It is understood that our organization assumes full responsibility Notice It is understood that our organization assumes full responsibility Notice I	Activity: Day(s) Tueso	day				Time	March 23, 2018	
Attending Meeting 35 Address Attending Meeting 35 Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: PCTC Requested Services: (Identify No. Needed) Work: Cell: PCTC Requested Services: (Identify No. Needed) X Café OR Room Setup Electronic Cullinary Arts X Chairs Microphone Drinks X Tables X Ovrhd. Proj. Snacks Chalkboard Video Camera X Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or No Work: Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Phone Number: Address: Stifpectife 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 Cafeterja/Culinary Arts Services if used for this event: Action Taken Date By Approved and Booked 2/PJ/ROID WAS Signature (person in charge of activity) Date: Signature (person in charge of activity)	Event Time(s)	8:00 am - 11:30	0 am	7:30 A	N	Noon	Room(s) / Area Requested:	
Address Contact Person: Phone Numbers: Work: Cell: Work: Cell: PCTC Requested Services: (Identify No. Needed) Room Setup Electronic X Cafe OR Culinary Arts X Tables X Ovrhd. Proj. Snacks Chalkboard Video Camera X Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or No Custodial Services 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: Pioneer CTC Action Taken Date Billed for Services Business Name: 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 setup/delivery: Date of contact with Cafeterja/Culinary Arts Services if used for this event: Proposed and Booked Apploof of invoice, please make check payable to: Pioneer CTC Action Taken Date Billed for Services Billed for Services Signature (person in charge of activity) Date: Signature (person in charge of activity)	Name of Organization and Event Being Held						Community Room	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Strategic Planning Team Meeting			Atter				
Contact Person:				Comi				
Business Name: Contact Person: Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Numbers: Address: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No No No No No No No N	Address				• • • • • • • • • • • • • • • • • • • •			
Phone Numbers: Home:	Contract Powers				Rusiness Name			
Port Requested Services: (Identify No. Needed) Room Setup Electronic				— I				
Address: PCTC Requested Services: (Identify No. Needed) X Cafe OR Setup Electronic Culinary Arts Cafe OR Culinary Arts Estimated time of arrival at Pioneer for setup/delivery:				-				
PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Culinary Arts	work:	Cell:		-				
Room Setup Electronic	•							
Estimated time of arrival at Pioneer for setup/delivery: X Chairs								
Tables x Ovrhd. Proj. Snacks Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) x Yes or No W Charlet Access if used for this event: 312318 Estimate Calculation of Fees: Attach any pertinent papers. Rental	— —			.	· · · —			
Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) x Yes or No Video Recorder Services if used for this event: Bladder Services Estimate Calculation of Fees: Attach any pertinent papers. Rental	x Chairs M	 licrophone	Drinks					
Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) x Yes or No Warrange Class Clas	x Tables x O	vrhd. Proj.	Snacks	Other	Other/Specify:			
Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) x Yes or No Coat Racks if used for this event: 3/23/18 Ratill Robe completed by RGR Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Chalkboard V	ideo Camera	— Breakfa	st				
Date of contact with Cafeteria/Culinary Arts Services if used for this event: Responsibility Notice	Lectern V	ideo Recorder	Lunched	on				
It is understood that our organization assumes full responsibility for any damage to the building and equipment. A Security Deposit in the amount of sis 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. A Signature (person in charge of activity) Date:	Coat Racks In	ternet Access	 Dinner					
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			
Estimate Calculation of Fees: Attach any pertinent papers. Rental	x Yes or No"U" Shape set up at end				if used for this event: 3/23/18			
Rental					Responsibility Mottes			
Custodial Services	Estimate Calculation of Fees: Attach any pertinent papers.				responsibility for any damage to the building and			
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 2/2/2/20/5 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)								
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Pioneer CTC Action Taken Date Approved and Booked Date Billed for Services Billed for Services Accessed calendar. Signature (person in charge of activity)				— Any	Any and all information on this form may be			
Action Taken Approved and Booked Billed for Services Date Signature (person in charge of activity)								
Approved and Booked 3/29/2016 Signature (person in charge of activity) Date:				acc	esse	d calendar.		
Billed for Services Signature (person in charge of activity)			By					
Date:		5/X7/2018	1		_	Signature (per	rson in charge of activity)	
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It is the policy of Pioneer Career & Technology Center to use Thankyountonselecting Pioneer for your exentil these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.