Building Utilization Request



Pioneer Career and Technology Center

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

Penill- To be completed by organization requesting building willization							
Date(s) 8/7-8/9/18			Se	tup Time	Tear Down	Date Request Submitted	
Activity: Day(s) Tues-Thurs					Time	May 25, 2018	
Event Time(s)	T/W 9-3, Th. 1	2-6		7:30	18:30	Room(s) / Area Requested:	
Name of Organization and Event Being Held					of Persons	Community Room/	
Welcome Week - hearing screenings in ISD room				Attending Meeting ISD Room (W106)/			
VISION SCIEURINGS IN WIOB				200 W 10 8			
Address				Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: Kris Kowalski, ext. 42202				Business Name:			
Phone Numbers: Home:				Contact Person:			
Work: Cell:				Phone Number:			
				Address:			
PCTC Requested Services: (Identify No. Needed)				If specific hookup/utility needs are required see attached:			
<u>Café</u> OR				(check one)Yes orNo			
Room Setup Electronic Culinary Arts		<u>s</u>	Estimated time of arrival at Pioneer for setup/delivery:				
x Chairs M	ficrophone _	Drinks			· · · · ·		
x Tables O	CablesOvrhd. ProjSnacks			Other/Specify: Will need to have tables set up in			
Chalkboard V	Chalkboard Video Camera Breakfa		st	Community Room with computers/camera			
Lectern V	ideo Recorder	Lunched	Luncheon		plugged in. Mr. Kowalski will verify set		
Coat Racks Internet Access Dinner			up by 8/3/18				
For specific room setup, see attached design: (check one)				Date of contact with Cafeteria/Culinary Arts Services			
Yes orNo				if used for this event:			
Partill - To be completed by RCTC Personnel				Responsibility Mailes			
Estimate Calculation of Fees: Attach any pertinent papers.				It is understood that our organization assumes full responsibility for any damage to the building and equipment.			
Rental							
Custodial Services							
Food Services				A Security Deposit in the amount of \$\frac{1}{2}\$ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.			
Other							
Total Fee Estimate							
Note: Final invoice billing based upon actual costs				event/ac	ctivity.		
following the event/activity.				Any and all information on this form may be			
Upon receipt of invoice, please make check payable to:				shared with the public through our publicly			
Pioneer CTC				accessed calendar.			
Action Taken	Date	By					
Approved and Booked	7/3/2018	MIR	7				
Billed for Services	/ /] _	Signature (per	son in charge of activity)	
Referred to Board				Date: _		We have the second of the seco	