UPPATED DATE

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 utilization:						
Date(s)-4/11/	2019 4 4 19		Se	tup Time	Tear Down	Date Request Submitted
Activity: Day(s) Thur	sday				Time	May 25, 2018
Event Time(s)	8:45 AM			7:30	11:00	Room(s) / Area Requested:
Name of Organization and Event Being Held					of Persons	Community Room
Partner School Principals Meeting				Attending Meeting		
			25			
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: Tina Hurst, ext. 42200			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:		
X Café OR				(check one)Yes orNo Estimated time of arrival at Pioneer for setup/delivery:		
Room Setup Electronic Culinary Arts Wierenhane Drinks				Estimated time of arrivar at 1 loncer for setup/derivery.		
x Chairs Microphone Drinks				Oth on/Smoothy		
x TablesOvrhd. ProjSnacks			Other/Specify:			
Chalkboard Video Camera x Breakfast			Breakfast arrangements made with J. Fortman			
x Lectern Video Recorder Luncheon			as event approaches, tables/chairs in "U" shape			
Coat RacksInternet AccessDinner			with open end and podium at east end of room			
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:		
Rant II To be completed by PCTC Personnels					Respon	sibility Notice
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				equipment.		
Food Services				A Security Deposit in 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			evenuactivity.			
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	*		\	$\sim 1 / $
Approved and Booked	7/17/2018	ryh	,		<u> </u>	
Billed for Services	, ,			ъ.	Signature (pers	son in charge of activity)
Referred to Board		<u> </u>		Date:		