Building Utilization Request



Pioneer Career and Technology Center

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

Date (s) 13-Dec-18 Activity: Day(s) Thursday Event Time(s) 10:00-1:00	Parit II . The po continued phy originated an including profit in the continued physical continued continued phys					
Activity: Day(s) Thursday Event Time(s) 10:00-1:00 Name of Organization and Event Being Held Leadership Unlimited Address Address Contact Person: Phone Numbers: Home: Work: Coll: PCTC Requested Services: (Identify No. Needed) Caff OR Room Setup Electronic Chalkboard Chalkboard Chalkboard Video Camera Breakfast Lectern Video Recorder Video Recorder Video Recorder Services Dinner For specific room setup, see attached design: (check one) Ves or No Room Setvices Services Note: Prod Services Contact Person: Phone Number: Address Other/Specify: Other/Specify: Date of contact with Cafeteria/Culinary Arts Services if used for this event: Responsibility for any damage to the building 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: Pioneer CTC Action Taken Date By Approved and Booked Address Number of Persons Attending Meeting 30 Number of Persons Attending Meeting 30 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 Stimated time of arrival at Pioneer for setup/delivery: Uther/Specify: 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 offarge of activity) Date: 13/12/18	Date(s) 13-Dec-18		Setup Time		Date Request Submitted	
Name of Organization and Event Being Held Leadership Unlimited Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Work:				Time	December 12, 2018	
Attending Meeting 30 Address Attending Meeting 30 Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Work: Cell: PCTC Requested Services: (Identify No. Needed) Café OR Room Setup Electronic Culinary Arts X Tables Ovrhd, Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder X Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Bestimate Calculation of Fees: Attach any pertinent papers. Food Services	Event Time(s)	10:00-1:00			Room(s) / Area Requested:	
Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Name of Organization and Event Being Held		B .		Pioneer Room	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Leadership Unlimited		Attending			
Contact Person:						
Contact Person:	Address			* * * * * * * * * * * * * * * * * * * *		
Phone Numbers: Home: Work: Cell: Home: Phone Number: Address: PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Culinary Arts X Chairs Microphone Drinks X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder X Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Partill Relector No Estimate Calculation of Fees: Attach any pertinent papers. Rental		(1.e. catere	(i.e. caterer, photographer, etc.)			
Processes and the properties of the properties o	Contact Person:	Business N	Business Name:			
PCTC Requested Services: (Identify No. Needed) Room Setup Electronic X Chairs Microphone Chalkboard Video Camera Drinks Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Partill Standard No Remail Lectern Video Recorder Video Recorder Video Recorder Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Rental Custodial Services 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 Approved and Booked Approved and Booked Pioneer CTC Referred to Board 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 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: 12/12/18	Phone Numbers: Home:		Contact Pe	Contact Person:		
PCTC Requested Services: (Identify No. Needed) Room Setup Electronic X Chairs Microphone Drinks Chalkboard Video Camera Breakfast Lectern Video Recorder Video Recorder 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: Ploneer CTC Action Taken Date Café OR Culinary Arts Culinary Arts Culinary Arts Culinary Arts Dispectific hookup/utility needs are required see attached: (check one) Yes or No Stimated time of arrival at Pioneer for setup/delivery: Chalkboard Video Camera Breakfast Lectern Video Recorder X Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No 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. Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in ckarge of activity) Date: 12/12/13	Work: Cell:		Phone Nur	Phone Number:		
Café OR Culinary Arts Microphone Drinks X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder X Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Date of contact with Cafeteria/Culinary Arts Services Yes or No			Address:			
Room Setup Electronic Quinary Arts X Chairs Microphone Drinks X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder X Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Responsibility Notice Estimate Calculation of Fees: Attach any pertinent papers. Rental	PCTC Requested Service					
x Chairs Microphone Drinks x Tables Ovrhd, Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder x Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Estimate Calculation of Fees: Attach any pertinent papers. Rental		`	·			
Tables					l at Pioneer for setup/delivery:	
Chalkboard Video Camera Breakfast Lectern Video Recorder x Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No [Partill Toboromalsted by Rene Resonnel Estimate Calculation of Fees: Attach any pertinent papers. Rental		<u> </u>				
Lectern Video Recorder x Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Partil Stobe completed by RCRC Resonned Estimate Calculation of Fees: Attach any pertinent papers. Rental				Other/Specify:		
Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Partill Mobercompleted Notice Notice	Chalkboard V					
For specific room setup, see attached design: (check one) Yes or No Partill Notice No	Lectern Video Recorder <u>x</u> Luncheon		on			
Total Fee Estimate Note: Final invoice billing based upon actual costs following the event/activity.	Coat RacksIr					
Estimate Calculation of Fees: Attach any pertinent papers. Rental	For specific room setup, see	Date of co	Date of contact with Cafeteria/Culinary Arts Services			
Estimate Calculation of Fees: Attach any pertinent papers. Rental	Yes orNo	if used fo	if used for this event:			
responsibility for any damage to the building and equipment. Custodial Services	Pericli To be completed by PCTC Resonnel			Responsibility Modes		
Custodial Services	Estimate Calculation of Fees: Attach any pertinent papers.			It is understood that our organization assumes full		
Custodial Services	Rental					
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 By Approved and Booked 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)		equipme	ent.			
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 2/12/x0/8 Billed for Services Referred to Board 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: 12/12/18		A Secur	is required to confirm scheduling. This will be			
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 By Billed for Services Referred to Board Action Taken Date: 12/12/18	Other					
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 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: 12/12/18	Total F					
Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Approved and Booked By Approved and Booked Billed for Services Referred to Board 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: 12/12/18			event/ac	tivity.		
Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Approved and Booked Approved and Booked Approved and Booked Date	following the event/activity.		Anyon	d all informati	ion on this form may be	
Pioneer CTCAction TakenDateByApproved and Booked $/2//2/x0/\sqrt{5}$ Approved and Booked $/2//2/x0/\sqrt{5}$ Billed for ServicesSignature (person in charge of activity)Referred to BoardDate: $/2//2//\sqrt{5}$	Upon receipt of invoice		l v			
Approved and Booked /2/12/2018 PB Signature (person in charge of activity) Referred to Board Date: 12/12/18	Pi					
Billed for Services Referred to Board Signature (person in charge of activity) Date: 12/12/18	Action Taken	Date By	\Box	Maria Charles		
Referred to Board Date: /2/12/18	Approved and Booked	12/12/X018 MA	5 \	anno	n splang	
Referred to Board	Billed for Services	' /		Signature (per	son in charge of activity)	

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.