Building Utilization Request



Pioneer Career and Technology Center ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Part I - To be completed by organization requesting	ng build	ling util	ization		
Date(s) 2/5/2019	Setup	Time	Tear Down	Date Request Submitted	
Activity: Day(s) Tuesday	,		Time	January 4, 2019	
Event Time(s) 4:30-9	1			Room(s) / Area Requested:	
Name of Organization and Event Being Held			f Persons	W135 & W133 Medical	
Adult Education CPR/FA		Attending Meeting		Technologies Lab and Classroom	
		10			
Address 27 Ryan Road Shelby, Ohio 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: Martin Dzugan/Julie Eldridge	Bu	Business Name:			
Phone Numbers: Home:	Co	ontact Per	rson:	<u> </u>	
Work: 419 342-1100 Cell:	Ph	Phone Number:			
	Ac	ddress:			
PCTC Requested Services: (Identify No. Needed)	If	If specific hookup/utility needs are required see attached:			
<u>Café</u> OR	l '	(check one) Yes or No			
Room Setup <u>Electronic</u> <u>Culinary Art</u>	ts Es	Estimated time of arrival at Pioneer for setup/delivery:			
ChairsMicrophoneDrinks	-				
Tables Ovrhd. Proj Snacks			Other/Specify:		
Chalkboard Video Camera Breakfa	ıst –				
LecternVideo RecorderLunched	on _				
Coat Racks Internet Access Dinner					
For specific room setup, see attached design: (check one)	Da	Date of contact with Cafeteria/Culinary Arts Services			
Yes or No	if	if used for this event:			
Part II - To be completed by PCTC Personnel Responsibility Notice					
Estimate Calculation of Fees: Attach any pertinent paper	rs. I	It is understood that our organization assumes full			
Rental		responsibility for any damage to the building and			
Custodial Services	(equipment.			
Food Services	1	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			
Note: Final invoice billing based upon actual costs		event/act	tivity.		
following the event/activity.		Any and	l all informati	on on this form may be	
Upon receipt of invoice, please make check payable to:		Any and all information on this form may be shared with the public through our publicly			
Pioneer CTC		accessed calendar.			
Action Taken Date By			\		
Approved and Booked 1/1/20/6 WH	3	<u> </u>	July	Eldridge	
Billed for Services		D 4	Signature (pers	son in charge of activity)	
Referred to Board		Date:	1/4/		

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