## Building Utilization Request



these funds for the direct use, improvement, and

## **Pioneer Career and Technology Center**

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

Pantle To be completed by organization requestion	i Repini	ntennia inni	the state of the s	
Date(s) 1217124	l .	up Time		Date Request Submitted
Activity: Day(s) Saturday		tm-	Time	Wed, 13 Nov24
Event Time(s) 11 AM 4 PM	10	M.	3PM-4PM	Room(s) / Area Requested:
Name of Organization and Event Being Held		Number of Persons Attending Meeting 30		Community Room
Private Baby Shower				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person:		Business Name: NA		
Phone Numbers: Home: NIA		Contact Person:		
		Phone Number:		
·		Address:		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached:		
<u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>		(check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery:		
	1	Listinated time of arrival at I folicer for setup/defivery.		
X Chairs 32 Microphone Drinks X Tables 6 Ovrhd. Proj. Snacks	- 1	Other/Specify:		
		Other/specify:		
Chalkboard Video Camera Breakfa	ı			
Lectern Video Recorder Lunche				
Coat Racks Internet Access Dinner		Date of contact with Cafeteria/Culinary Arts Services		
For specific room setup, see attached design: (check one)  Why Yes or X No		if used for this event:		
- Para		Responsibility: Notice		
Part II - To be completed by PCTCPersonnel		Manager Control of the Control of th		
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 \$ 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 following the event/activity.				
		Any and all information on this form may be		
Upon receipt of invoice, please make check payable to:  Pioneer CTC		shared with the public through our publicly accessed calendar.		
		accesso	eu caienaar.	<b>^</b> .
Action Taken Date By	10		,	
Approved and Booked ///23/14			Signature (ne	rson in charge or acceracy)
Billed for Services		Date:	-1 1"	14
Referred to Board  It is the policy of Pioneer Career & Technology Center to	o use			cting Pioneer/for your event