## **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	building util	ization		
Date(s) 11,3 and 11/5	Setup Time	Tear Down	Date Request Submitted	
Activity: Day(s) 2007, Tuesday and Thursda		Time	October 21, 2020	
Event Time(s) S-7:30-5pm (8-4p) T/T 5-9pm			Room(s) / Area Requested:	
Name of Organization and Event Being Held  STNA Clinicals and Row 10 +12, 17+19	Number o		W129 Health Assistant & E114	
STNA Clinicals and 1000 104/2, 11414 Mov/4(9-12) + Nov 24	Attending	•	Exercise Science Med	
		10	W133-W135 Tech	
Address 27 Ryan Road Shelby OH 44875	(i.e. caterer, photographer,		by outside person(s)/vendors etc.)	
Contact Person: D.Paullin/J.Eldridge/J.Cooper	Business N	Business Name:		
Phone Numbers: Home:	Contact Per	Contact Person:		
Work: 419 342-1100 Cell:	Phone Num	Phone Number:		
	Address:			
PCTC Requested Services: (Identify No. Needed)  If specific hool		ookup/utility ne	eds are required see attached:	
<u>Café</u> OR	1 '	(check one)Yes orNo		
Room Setup <u>Electronic</u> <u>Culinary Arts</u>	Estimated	time of arrival	at Pioneer for setup/delivery:	
ChairsMicrophoneDrinks				
Tables Ovrhd. Proj Snacks	Other/Spe	Other/Specify:		
Chalkboard Video Camera Breakfast				
LecternVideo RecorderLuncheon				
Coat RacksDinner				
For specific room setup, see attached design: (check one)	design: (check one) Date of contact with Cafeteria/Culinary Arts Services		eteria/Culinary Arts Services	
Yes or No	if used for	if used for this event:		
Part II - To be completed by PCTC Personnel		Respon	sibility Notice	
Estimate Calculation of Fees: Attach any pertinent papers.	It is unde	erstood that our	r organization assumes full	
Rental	1 -	responsibility for any damage to the building and		
Custodial Services	equipme	nt.		
Food Services	A Securi	ty Deposit in tl	he amount of \$	
Other			cheduling. This will be	
Total Fee Estimate		applied to final invoice upon satisfactory complete of event/activity.		
Note: Final invoice billing based upon actual costs following the event/activity.		ıvıty.		
Upon receipt of invoice, please make check payable to:		Any and all information on this form may be		
Pioneer CTC	Jimi cu ii	shared with the public through our publicly accessed calendar.		
Action Taken Date By			<b>、</b>	
Approved and Booked 10/22/2020 WJB	1 ,	Julie	Eldridge	
Billed for Services	***************************************	Signature (pers	on in charge of activity)	
Referred to Board	Date:	10/21	120	

these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.