

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 utilization

Date(s) 7-Dec-16		Date Request Submitted July 28, 2016
Activity: Day(s) WEDNESDAY		Room(s) / Area Requested: Community Room (C109), Distance Learning (E131), & Arena (E141)
Time(s) ALL DAY		
Name of Organization NW Region Construction w/ ODE/Job & Family Services	Number of Persons Attending Meeting 100-200	
Address (SET UP TO FOLLOW)		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: MARTIN DZUGAN X 42207		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: _____ Cell: _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> 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: _____

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.		
Rental	_____	
Custodial Services	_____	
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	7/28/2016	MD
Billed for Services		
Referred to Board		

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.

Signature (person in charge of activity)

Date: **7/28/2016 (SET UP TO FOLLOW)**

Thank you for selecting Pioneer for your event!