## **Building Utilization** Request



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

Part II - To be completed by PCTC Personnel   Responsibility Notice	Part I - To be completed by organization requesting building utilization							
Sevent Time(s)   Sevent Time(s)   Sevent Time(s)   Sevent Time(s)   Sevent Time(s)   Sevent Being Held	Date(s) <b>9-Oct-18</b>			Setup Time			Date Request Submitted	
Name of Organization and Event Being Held Marion Technical College to talk to students Counseters Present Properties  Address  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name: Contact Person: Work:	Activity: Day(s) Tuesday					Time	June 1, 2017	
Address  Address  Contact Person: Laurie Easler Phone Numbers: Home: Coll: Phone Numbers: Home: Contact Person: Phone Numbers: Address: PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Calliarry Arts Chair's Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part III- To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Food Services Cother 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 7/17/20/7 WHG Bissinature (person in charge of activity) Date: Services to be provided by outside person(s)/vendors (i.e. cateren, blotogers toe.)  Business Name: Contact Person: Phone Preson: Contact Person: Phone Number: 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: Other/Specify:  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  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:	Event Time(	s) 8:00 to 11:0	0				Room(s) / Area Requested:	
Address  Contact Person: Laurie Easler Phone Numbers: Home: Cafe Order Properties Overhead Services: (Identify No. Needed)  Room Setup Electronic Culinary Arts Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental	Name of Organization and Event Being Held						Pioneer Room	
Address  Contact Person: Laurie Easler Phone Numbers: Home: Cell: Phone Numbers: Home: Contact Person: Phone Numbers: Home: Cell: Phone Numbers: Home: Contact Person: Phone Numbers: Home: Cell: Phone Numbers: Address: PCTC Requested Services: (Identify No. Needed)  Café OR Contact Person: Phone Number: Address: PCTC Requested Services: (Identify No. Needed)  Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chairs Wideo Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) for used for this event: Date of contact with Cafeteria/Culinary Arts Services if used for this event: Stimate Calculation of Fees: Attach any pertinent papers. Rental Services Other Services Other Services Other Sollowing the event/activity.  Upon receipt of invoice, please make check payable to: Pioneer CTC  Action Take Date By Approved and Booked 7/17/2017 Maths Signature (person in charge of activity) Date: Signature (person in charge of activity)					1			
Contact Person: Laurie Easler								
Phone Numbers: Home: Cell: Phone Numbers: Home: Cell: Phone Number: Address:  PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Culinary Arts Chairs Microphone Drinks  Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Lunchcon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one) Yes or No  Part. II: To be completed by PCTC Resonnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental 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 7/17/2017 WHA  Billed for Services Referred to Board  PCTC Requested Services: (Identify No. Needed) Phone Number: Address: Intended (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  Other/Specify: 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:	Address				· · · · · · · · · · · · · · · · · · ·			
Phone Number:   Address:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   Estimated time of arrival at Pioneer for setup/delivery:   Electronic   Address:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   Estimated time of arrival at Pioneer for setup/delivery:   Address:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   Estimated time of arrival at Pioneer for setup/delivery:   Address:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   Estimated time of arrival at Pioneer for setup/delivery:   Address:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   Estimated time of arrival at Pioneer for setup/delivery:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   No   Estimated time of arrival at Pioneer for setup/delivery:   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   No   Estimated time of arrival at Pioneer for setup/delivery:   If specific hookup/utility needs are required see attached: (check one)   Peak or   No   Estimated time of arrival at Pioneer for setup/delivery:   If specific hookup/utility needs are required see attached: (check one)   Peak or   No   Estimated time of arrival at Pioneer for setup/delivery:   If specific hookup/utility needs are required see attached: (check one)   If specific hookup/utility needs are required see attached: (check one)   If specific hookup/utility needs are required see attached: (check one)   If specific hookup/utility needs are required see attached: (check one)   If specific hookup/utility needs are required see attached design: (check one)   If specific hookup/utility needs are required see attached design: (check one)   If specific h	Contact Person: Laurie Easler				Business Name:			
PCTC Requested Services: (Identify No. Needed)	Phone Numbers: Home:			Contact Person:				
PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II:—To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental 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 Billed for Services Referred to Board  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:  Other/Specify:  Date of contact with Cafeteria/Culinary Arts Services if used for this event:  Responsibility.Notice  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.  Assume All information on this form may be shared with the public through our publicly accessed calendar.  Signature (person in charge of activity) Date:	Work: Cell:			Phone Number:				
Café OR   Collinary Arts   Collinary Arts   Chairs   Microphone   Drinks     Tables   Ovrhd. Proj.   Snacks   Chalkboard   Video Camera   Breakfast     Lectern   Video Recorder   Luncheon     Coat Racks   Internet Access   Dinner     For specific room setup, see attached design: (check one)   Yes orNo     Part IF - To be completed by PCTC Personnel     Estimate Calculation of Fees: Attach any pertinent papers.     Rental   Custodial Services   Other     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   7/17/30/1   WHA     Billed for Services   Referred to Board   Date   Signature (person in charge of activity)     Chairs   Microphone   Drinks     Custodial Services   Chair   Signature (person in charge of activity)     Common   Signature (person in charge of act					Address:			
Electronic	PCTC Requested Services: (Identify No. Needed)				If specific hookup/utility needs are required see attached:			
Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one) Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental					<del></del>			
Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental				Estimated time of arrival at Pioneer for setup/delivery:				
Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one) Yes or No  Part.II - To be completed by PCTC Personnels  Estimate Calculation of Fees: Attach any pertinent papers. Rental	<del></del>	Microphone	Drinks					
Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one) Yes or No  Part.II To be completed by PCFC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental	Tables	Tables Ovrhd. Proj Snacks			Other/Specify:			
Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one)  Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental	Chalkboard	Video Camera	Breakfas	st				
For specific room setup, see attached design: (check one)  Yes orNo  Part.II- Fo be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers.  Rental	Lectern	Video Recorder	Lunched	n				
Part II - To be completed by PCTC Personnel   Responsibility Notice	Coat Racks	Internet Access	Dinner					
Responsibility Notice	For specific room setup, see attached design: (check one)				Date of contact with Cafeteria/Culinary Arts Services			
Estimate Calculation of Fees: Attach any pertinent papers.  Rental	Yes orNo				if used for this event:			
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.  Upon receipt of invoice, please make check payable to:  Pioneer CTC  Action Taken  Date  Approved and Booked  Approved and Booked  Date  By  Approved and Booked  Appro	Part II - To be completed by PCTC Personnel					Respoi	asibility Notice	
Custodial Services equipment.  Food Services	Estimate Calculation of Fees: Attach any pertinent papers.				responsibility for any damage to the building and			
Food Services	Rental							
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  Approved and Booked  Date By  Approved and Booked  Pioneer CTC  Billed for Services  Referred to Board  Date  By  Signature (person in charge of activity)  Date:	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  Approved and Booked  Date  By  Approved and Booked  Pioneer CTC  By  Approved and Booked  Signature (person in charge of activity)  Date:  Date:	Food Services				is required to confirm scheduling. This will be			
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  Pioneer CTC  Signature (person in charge of activity)  Date:  Date:	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  Pioneer CTC  Signature (person in charge of activity)  Date:  Date:	Total Fee Estimate				l · · · · · · · · · · · · · · · · · ·			
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:  Date:	Note: Final invoice billing based upon actual costs				event/ac	tivity.		
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  Shared with the public through our publicly accessed calendar.  Signature (person in charge of activity)  Date:	following the event/activity.			Any and all information on this form may be				
Pioneer CTC  Action Taken  Approved and Booked  Approved and Booked  Billed for Services  Referred to Board  Action Taken  Date  By  Action Taken  Signature (person in charge of activity)  Date:	Upon receipt of invoice, please make check payable to:			o:	· · ·			
Approved and Booked 7/17/20/8 Why Signature (person in charge of activity)  Referred to Board Date:	Pioneer CTC							
Billed for Services  Referred to Board  Signature (person in charge of activity)  Date:	Action Taken	Date	Ву			-d	)	
Referred to Board Date:	Approved and Booked	7/17/201	8 MGB		Xai	u Caser		
Referred to Board	Billed for Services	, , , ,				Signature (pers	son in charge of activity)	
It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event								