Building Utilization Request

Pioneer CAREER & TECHNOLOGY CENTER

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

Activity: Date(s) **2/13/2019** Day(s) **Wednesday** Event Time(s) **5:15-9:15pm**	Setup Time	Tear Down Time	Date Request Submitted **January 4, 2019** Room(s) / Area Requested: **W129 Health Assistant Lab**

Name of Organization and Event Being Held
Pioneer-Adult Ed Phlebotomy

Number of Persons Attending Meeting
8

Address
27 Ryan Road Shelby, Ohio 44875

Contact Person: **Martin Dzugan/Julie Eldridge**

Phone Numbers: Home: ____ ____

Work: **419** **342-1100** Cell: ____ ____

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	___ Café OR ___ 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**

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Business Name: _____

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: _____

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	1/7/2019	MAB
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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Julie Eldridge
Signature (person in charge of activity)

Date: 1/4/19

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

Thank you for selecting Pioneer for your event!

Revised 07/15