

# 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) <b>19-Sep-16</b>		Date Request Submitted <b>September 12, 2016</b>
Activity: Day(s) <b>MONDAY</b>		Room(s) / Area Requested: <b>C114 from 5-7 pm and arena or parking lot (weather permitting) from 7-9 pm</b>
Time(s) <b>5- 9 pm</b>		
Name of Organization <b>ADULT EDUCATION FORK LIFT TRAINING</b>	Number of Persons Attending Meeting <b>twelve</b>	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>MARTIN DZUGAN</b>	Business Name: _____	
Phone Numbers: Home: _____	Contact Person: _____	
Work: _____ Cell: _____	Phone Number: _____	
	Address: _____	
PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u>  </u> Yes or <u>  </u> No	
Room Setup <u>  </u> Electronic <u>  </u> Café/Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input checked="" type="checkbox"/> Chairs <u>  </u> Microphone <u>  </u> Drinks	Other/Specify: _____	
<input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <u>  </u> Snacks	_____	
<input checked="" type="checkbox"/> Chalkboard <u>  </u> Video Camera <u>  </u> Luncheon	_____	
<u>  </u> Lectern <u>  </u> Video Recorder <u>  </u> Dinner	_____	
<u>  </u> Coat Racks <input checked="" type="checkbox"/> Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
For specific room setup, see attached design: (check one) <u>  </u> Yes or <u>  </u> No		

## Part II - To be completed by PCTC Personnel

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental ..... _____</p> <p>Custodial Services ..... _____</p> <p>Food Services ..... _____</p> <p>Other ..... _____</p> <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b></p>	<h3 style="text-align: center;">Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p>
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<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	9/14/16	<i>[Signature]</i>	
Billed for Services			
Referred to Board			

*Martin Dzugaen*

Signature (person in charge of activity)

Date: **September 12, 2016**

**Thank you for selecting Pioneer for your event!**