

# 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>9/19, 21, 26 &amp; 28; 10/3 5, 10, &amp; 12, 2016</b>		Date Request Submitted
Activity: Day(s) <u><del>WEDNESDAYS</del> MONDAYS/WEDNESDAYS</u>		<b>September 15, 2016</b>
Time(s) <b>6-9 PM</b>		Room(s) / Area Requested:
Name of Organization <b>ADULT EDUCATION COMPUTER CLASS</b>		<b>E116</b>
Number of Persons Attending Meeting <b>SIX</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <u>MARTIN DZUGAN</u>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: _____ Cell: _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
Room Setup	Electronic	Café/Culinary Arts
<input checked="" type="checkbox"/> Chairs	____ Microphone	____ Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	____ Snacks
<input checked="" type="checkbox"/> Chalkboard	____ Video Camera	____ Luncheon
____ Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
<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

## Responsibility Notice

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	9/14/16	<i>[Signature]</i>
Billed for Services		
Referred to Board		

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.

*Martin Dzugan*  
Signature (person in charge of activity)

Date: **September 15, 2016**

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