

**Building Utilization Request**



**Pioneer Career and Technology Center**

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

*not available*

**Part I - To be completed by organization requesting building utilization**

Date(s) <b>11/8, 15, 22, 29 &amp; DEC 6, 2016</b>		Setup Time	Tear Down Time	Date Request Submitted <b>November 4, 2016</b>
Activity: Day(s) <b>TUESDAY</b>				Room(s) / Area Requested: <b>CAFETERIA</b>
Event Time(s) <b>6 - 8 PM</b>				
Name of Organization and Event Being Held <b>ADULT ED CAKE DECORATING CLASS</b>			Number of Persons Attending Meeting <b>10</b>	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>MARTIN DZUGAN X 42302</b>			Business Name: _____	
Phone Numbers: Home: _____			Contact Person: _____	
Work: _____ Cell: _____			Phone Number: _____	
Address: _____			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	
<u>    </u> Room Setup	<u>    </u> Electronic	<u>    </u> Café OR	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>    </u> Chairs	<u>    </u> Microphone	<u>    </u> Culinary Arts	Other/Specify: _____	
<u>    </u> Tables	<u>    </u> Ovrhd. Proj.	<u>    </u> Snacks	_____	
<u>    </u> Chalkboard	<u>    </u> Video Camera	<u>    </u> Breakfast	_____	
<u>    </u> Lectern	<u>    </u> Video Recorder	<u>    </u> Luncheon	_____	
<u>    </u> Coat Racks	<u>    </u> Internet Access	<u>    </u> Dinner	_____	
For specific room setup, see attached design: (check one)			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<u>    </u> Yes or <u>    </u> No				

**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		
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.**

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

Date: 11/4/2016

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