

**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) <u>11/8, 15, 22, 29 &amp; DEC 6, 2016</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>TUESDAY</u>				November 4, 2016
Event Time(s) <u>6 - 8 PM</u>				Room(s) / Area Requested: <u>CAFETERIA</u> <i>11/15 - Community Room</i>
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: <u>MARTIN DZUGAN X 42302</u>			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>Yes</u> or <u>No</u>	
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	Other/Specify: _____	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	_____	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks	_____	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Breakfast	_____	
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Luncheon	_____	
<input type="checkbox"/> Dinner			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

**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**

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.**

Action Taken	Date	By
Approved and Booked	<u>11/7/16</u>	<u>MBB</u>
Billed for Services		
Referred to Board		

*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!**

*\* need to schedule 11/15 elsewhere*