

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) 28-Jan-17		Date Request Submitted January 27, 2017
Activity: Day(s) SATURDAY		Room(s) / Area Requested: ARENA & C114
Time(s) 8 AM TO 1 PM		
Name of Organization ADULT ED FORK LIFT TRAINING	Number of Persons Attending Meeting 10	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: MARTIN DZUGAN X 42207	Business Name: _____	
Phone Numbers: Home: _____	Contact Person: _____	
Work: _____ Cell: _____	Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> 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

<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;">Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>			<p style="text-align: center;">Responsibility Notice</p> <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> <p><i>Martin Dzugan</i> Signature (person in charge of activity)</p> <p>Date: January 27, 2017</p>		
Action Taken	Date	By	Thank you for selecting Pioneer for your event!		
Approved and Booked	1/27/2017	<i>[Signature]</i>			
Billed for Services.					
Referred to Board					