

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) <u>2/7 & 2/14, 2017</u>		Date Request Submitted February 2, 2017																		
Activity: Day(s) <u>TUES</u>		Room(s) / Area Requested: LIBRARY																		
Time(s) <u>3-6 PM</u>																				
Name of Organization ADULT EDUCATION SERVS SAFE FOOD MGR #2	Number of Persons Attending Meeting FIFTEEN																			
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: _____																			
	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>																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café/Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Dinner</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input checked="" type="checkbox"/> Internet Access</td> <td></td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	<input checked="" 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		Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>																		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>	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

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: **FEB 2, 2017**

Action Taken	Date	By
Approved and Booked	<u>2/3/17</u>	<u>msb</u>
Billed for Services		
Referred to Board		

Thank you for selecting Pioneer for your event!