

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) 6/5/17-7/27/17 *		Setup Time	Tear Down Time	Date Request Submitted May 23, 2017																		
Activity: Day(s) Mon, Tue, Wed, Thur				Room(s) / Area Requested: W155 & W159																		
Event Time(s) 8:00 AM - 1:30 PM																						
Name of Organization and Event Being Held PCTC Adult ED Welding *(no classes will be held the week of July 3rd)		Number of Persons Attending Meeting 8																				
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: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><input checked="" type="checkbox"/> <u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</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>	<input checked="" type="checkbox"/> <u>Internet Access</u>	<u>Dinner</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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

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.

Signature (person in charge of activity)

Date: **23-May-17**

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