

# 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

<p>Date(s) <b>10/12/2017</b></p> <p>Activity: Day(s) <b>Thursday</b></p> <p>Event Time(s) <b>6-8pm</b></p>	<p>Setup Time</p>	<p>Tear Down Time</p>	<p>Date Request Submitted</p> <p style="text-align: center;"><b>August 11, 2017</b></p>																		
<p>Name of Organization and Event Being Held</p> <p>Activity: <b>Adult Education Open House</b></p>	<p>Number of Persons Attending Meeting</p>		<p>Room(s) / Area Requested:</p> <p style="text-align: center;"><b>Adult Ed Office, W159, W133 and W135</b></p>																		
<p>Address</p> <p style="text-align: center;"><b>27 Ryan Rd. Shelby, Ohio 44875</b></p>	<p>Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)</p>																				
<p>Contact Person: <b>Martin Dzugan/Julie Eldridge</b></p> <p>Phone Numbers: Home: _____</p> <p>Work: <b>419 347-7744</b> Cell: _____</p>	<p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Address: _____</p>																				
<p>PCTC Requested Services: (Identify No. Needed)</p> <p style="text-align: right;">___ Café OR</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Room Setup</td> <td style="width:33%;">Electronic</td> <td style="width:33%;">Culinary Arts</td> </tr> <tr> <td>___ Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td>___ Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Dinner</td> </tr> </table> <p>For specific room setup, see attached design: (check one)</p> <p>___ Yes or ___ No</p>	Room Setup	Electronic	Culinary Arts	___ Chairs	___ Microphone	___ Drinks	___ Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	___ Internet Access	___ Dinner	<p>If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p> <p>_____</p> <p>_____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>		
Room Setup	Electronic	Culinary Arts																			
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## 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	8/17/2017	<i>JEB</i>
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.**

*Julie Eldridge*

Signature (person in charge of activity)

Date: 8/11/17

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!**