Building Utilization Request



Pioneer Career and Technology Center ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Yes or X No if used for this event:	Part I - To be completed by organization requesting building utilization						
Event Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) All Day Sevent Time(s) Aldress Sevices to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Address	Date(s) 3/6/2018 So			Setup Time		Date Request Submitted	
Room (S) All Day Room (S) Area Requested:	Activity: Day(s) 1				Time	2/26/18	
Attending Meeting 50 Address Pioneer Contact Person: Al Sears Phone Numbers: Home: Café OR Café OR Calinary Arts PCTC Requested Services: (Identify No. Needed) Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or X. No Part H:: To be completed by PCTC Personnel: Estimate Calculation of Fees: Attach any pertinent papers. Rental So.00 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 Part Access Signature (person in charge of activity) Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Phone Number: Address: It specific hookup/utility needs are required see attached: (check one) Ves or No Estimated time of arrival at Pioneer for setup/delivery: Deter or No Estimated time of arrival at Pioneer for setup/delivery: Date of contact with Cafeteria/Culinary Arts Services if used for this event: Responsibility. Notice: It is understood that our organization assumes full responsibility for any damage to the building and equipment. Ascurity Deposit in the amount of \$ 0.00 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. Any and all information on this form may be shared with the public through our publicly accessed calendar.	Event Tir		1	8:10	1:30	Room(s) / Area Requested:	
Address Pioneer Contact Person: Al Sears Phone Numbers: Home: Cell: Phone Numbers: Home: Phone Numbers: Phone Numbers	Name of Organization and Event Being Held			Number of	of Persons	Community Room	
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Contact Person: Phone Numbers: Work: Cell: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or X. No Part II: To be completed by PCTC Personnel. Estimate Calculation of Fees: Attach any pertinent papers. Rental So.00 Custodial Services Food Services Other Total Fee Estimate So.00 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 Alx/Re/15 Wish	Address			- · · · · · · · · · · · · · · · · · · ·			
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Billed for Services Signature (person in charge of activity)	Approved and Book	red 2/27/2018	MB				
Referred to Board Date: 26	Billed for Services				- \ -	on in charge of activity)	
It is the policy of Dioneer Career & Technology Center to use	Referred to Board						

of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event! these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.