

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) 8/18/2018 Activity: Day(s) Saturday Event Time(s) 9-1pm	Setup Time	Tear Down Time	Date Request Submitted <p style="text-align: center;">July 26, 2018</p> Room(s) / Area Requested: <p style="text-align: center;">Community Room and Arena</p>																		
Name of Organization and Event Being Held ForkLift Training	Number of Persons Attending Meeting <p style="text-align: center;">10</p>																				
Address <p style="text-align: center;">27 Ryan Road Shelby, Ohio 44875</p>			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																		
Contact Person: Martin Dzugan/Julie Eldridge Phone Numbers: Home: _____ Work: 419 342-1100 Cell: _____			Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																		
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>Room Setup</u></td> <td style="width:33%;"><u>Electronic</u></td> <td style="width:33%;"><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No			<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																			
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks																			
<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks																			
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast																			
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon																			
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner																			
Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																					

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	7/30/2018	MEB
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.

 Signature (person in charge of activity)

Date: 7/26/18

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!