Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Date (s) 15-Aug-17 Setup Time Time May 29, 2017 Room(s) / Area Requested: May 29, 2017 Room(s) / Area Requested: Room(s) / Are	Part I - To be comple	ted by organizati	on requestin	ig building uti	lization		
Event Time(s) 12:00pm - 5pm S:00pm Room(s) / Area Requested:	Date(s) 15-Aug-17			Setup Time		Date Request Submitted	
Name of Organization and Event Being Held Infant, Toddler Parent Meeting Address Ryan Road Contact Person: Stephanie Roberts Phone Numbers: Home: 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: If used of contact with Cafeteria/Culinary Arts Services if used for this event: Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Chair Sorvices Sorvices: Attach any pertinent papers. Rental Custodial Services Sorvices Sorvi	Activity: Day(s)				Time	May 29, 2017	
Attending Meeting Address Ryan Road Contact Person: Stephanie Roberts Phone Numbers: Home: Coll: Phone Numbers: Home: Contact Person: Mork: Cell: Phone Numbers: Home: Café OR Room Setup Electronic Café OR Chairs Microphone Drinks X Tables X Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks X Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II = To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services 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 4/1/17 Billed for Services Attending Meeting 30 Attending Meeting Attending Meeting Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: 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: Details are required see attached: (check one) Yes 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. 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)	Event Time(s) 12:00pm - 5p	om	5:00pm		Room(s) / Area Requested:	
Address Ryan Road Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Name of Organization and Event Being Held					ECE Lab	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Infant, Toddler Parent Meeting			Attending			
Ryan Road Contact Person: Stephanie Roberts Home:							
Stephanie Roberts Home: Contact Person: Stephanie Roberts Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Numbers: Contact Person: Phone Number: Address: Address: Phone Number: Address: Phone Public Phone Publ	Address			•	• • • • • • • • • • • • • • • • • • • •		
Phone Numbers: Home: Coll: Phone Number: Address: PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Culinary Arts Chairs Microphone Drinks X Tables X Ovrhd. Proj. Snacks Chairboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks X Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental							
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Address: PCTC Requested Services: (Identify No. Needed)				_			
PCTC Requested Services: (Identify No. Needed) Café OR Culinary Arts	Work:	Cell:		— <u> </u>			
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Coat Racks X Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No if used for this event: Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Chalkboard \	/ideo Camera .				·	
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Part I - To be completed by PCTC Personnel Responsibility Notice	Coat Racks Internet Access Dinner						
Estimate Calculation of Fees: Attach any pertinent papers. Rental	For specific room setup, see	check one)	Date of co	Date of contact with Cafeteria/Culinary Arts Services			
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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. 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 4///7 Billed for Services Poster: 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)	Part II - To be comple	sonnel		Respon	sibility Notice		
Custodial Services	Estimate Calculation of	ertinent papers	It is unde	responsibility for any damage to the building and			
Custodial Services equipment. Food Services	Rental						
A Security Deposit in the amount of \$ Other			equipme				
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Billed for Services Signature (person in charge of activity)	Action Taken	Date	Ву				
Diffed for Services	Approved and Booked	6/1/17	nyk		techan	i Roberts	
Referred to Board Date:	Billed for Services				Signature (pers	on in charge of activity)	
	Referred to Board			Date:			

It is the policy 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.

We will use choing from Related. Themes Seighemi Seighemi In the preschool room. be placed in SFT Table to Need on