

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) 29-Oct-16 Activity: Day(s) Saturday Event Time(s) _____	Setup Time 8:00am	Tear Down Time 1:00pm	Date Request Submitted October 20, 2016 Room(s) / Area Requested: C114 from 9-11 and the Arena from 11-1.
Name of Organization and Event Being Held Towmotor training for Pathstone students		Number of Persons Attending Meeting 10	
Address _____		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____	
Contact Person: Joe Bridenbaugh/Martin Dzugan Phone Numbers: Home: _____ Work: _____ Cell: 419 565-8431		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____	
PCTC Requested Services: (Identify No. Needed) _____ Café OR _____ Culinary Arts Room Setup Electronic _____ <input checked="" type="checkbox"/> Chairs _____ Microphone _____ Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks <input checked="" type="checkbox"/> Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks <input checked="" type="checkbox"/> Internet Access _____ 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: _____ _____ _____	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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	10/20/16	
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: 10/19/16

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