

**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) <b>24-Oct-16</b>		Date Request Submitted <b>October 20, 2016</b>
Activity: Day(s) <b>Monday</b>		Room(s) / Area Requested: <b>COMMUNITY ROOM (C109)</b>
Time(s) <b>6 - 8 PM</b>		
Name of Organization <b>PIONEER ADULT ED (JASON FORTMAN DINNER)</b>	Number of Persons Attending Meeting <b>Thirty</b>	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>MARTIN DZUGAN</b>	Business Name: _____	
Phone Numbers: Home: _____	Contact Person: _____	
Work: _____ Cell: _____	Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input checked="" type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input checked="" type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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: _____
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____

**Part II - To be completed by PCTC Personnel**

**Responsibility Notice**

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	10/21/16	[Signature]
Billed for Services		
Referred to Board		

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.

\_\_\_\_\_  
Signature (person in charge of activity)

Date: **October 20, 2016**

**Thank you for selecting Pioneer for your event!**