## **Building Utilization** Request



## **Pioneer Career and Technology Center**

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

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Date(s) 6/13/2017 8 AM - 12 PM				Se	tup Time	Tear Down	Date Request Submitted
Activity: Day(s) 8/1/2017 5 - 9 PM						Time	May 18, 2017
Event T	ime(s)				1 hour	1 hour	Room(s) / Area Requested:
Name of Organization and Event Being Held					Number o		Onla 1 Latabasi A
Mid-Ohio ESC - Annual Bus Driver Certification Training					Attending Meeting Gale J. Leinbach Arena 250 (6/13) 100 (8/1)		
Address 890 West Fourth Street					Services to be provided by outside person(s)/vendors		
Mansfield, Ohio 44906					(i.e. caterer, photographer, etc.)		
Contact Person: Mark Donnelly					Business Name: Mid-Ohio ESC		
Phone Numbers: Home:				_	Contact Person: Mark Donnelly		
Work: 419 77			0 384-0720	_		ber: 419-774	
				_			St. Mansfield, Oh
PCTC Requested Services: (Identify No. Needed)					If specific hookup/utility needs are required see attached:		
<u>Café</u> OR					(check one) Yes or X No		
Room Setup Electronic Culinary Arts				ž į	Estimated time of arrival at Pioneer for setup/delivery:		
x Chairs	x Microp	hone	Drinks	ı			
x Tables					Other/Spec	cify:	
Chalkboard Video Camera Breakfast				t			
x Lectern	Video I	Recorder	Luncheo	n			
Coat Racksx Internet AccessDinner					·		
For specific room setup, see attached design: (check one)					Date of contact with Cafeteria/Culinary Arts Services		
x Yes or No					if used for this event:		
Partille Lobercompleted by PCIC Personnel Manager Responsibility Notice							
Estimate Calculation	Attach any	pertinent papers	It is understood that our organization assumes full				
Rental					responsibility for any damage to the building and equipment.		
Custodial Services						it.	
Food Services					A Security Deposit in the amount of \$ 0.00		
Other					is required to confirm scheduling. This will be		
Total Fee Estimate				<u>.</u>	applied to final invoice upon satisfactory complete of event/activity.		
Note: Final invoice billing based upon actual costs					evenuacu	vity.	
following the event/activity.				_	Any and all information on this form may be		
Upon receipt of invoice, please make check payable to:				: [	shared with the public through our publicly		
Pioneer CTC					accessed	calendar.	
Action Taken		Date By		_	,	NIC	
Approved and Book	ced			_	Signature (person in charge of activity)		
Billed for Services					Date: 18-	-	n in charge of activity)
Referred to Board	<u> </u>				Date. 10-	iviciy- i i	

It is the policy of Pioneer Career & Technology Center to use Thank You for selecting Pioneer for You'reventing these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.