

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

<p>Date(s) 11/27/2018</p> <p>Activity: Day(s) Tuesday</p> <p>Event Time(s) 5-9PM</p>	<p>Setup Time</p>	<p>Tear Down Time</p>	<p>Date Request Submitted</p> <p style="text-align: center;">November 21, 2018</p>																		
<p>Name of Organization and Event Being Held</p> <p>STNA Practice for State Testing</p>		<p>Number of Persons Attending Meeting</p> <p style="text-align: center;">6</p>	<p>Room(s) / Area Requested:</p> <p style="text-align: center;">W135 & W133 Medical Technologies and Classroom</p>																		
<p>Address</p> <p style="text-align: center;">27 Ryan Road Shelby, Ohio 44875</p>		<p>Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)</p>																			
<p>Contact Person: Martin Dzugan/Julie Eldridge</p> <p>Phone Numbers: Home: _____</p> <p>Work: 419 342-1100 Cell: _____</p>		<p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Address: _____</p>																			
<p>PCTC Requested Services: (Identify No. Needed)</p> <p style="text-align: right;">___ Café OR</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Room Setup</td> <td style="width:33%;">Electronic</td> <td style="width:33%;">Culinary Arts</td> </tr> <tr> <td>___ Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td>___ Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Dinner</td> </tr> </table> <p>For specific room setup, see attached design: (check one)</p> <p>___ Yes or ___ No</p>		Room Setup	Electronic	Culinary Arts	___ Chairs	___ Microphone	___ Drinks	___ Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	___ Internet Access	___ Dinner	<p>If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p> <p>_____</p> <p>_____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>	
Room Setup	Electronic	Culinary Arts																			
___ Chairs	___ Microphone	___ Drinks																			
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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

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.

Action Taken	Date	By
Approved and Booked	11/26/18	<i>[Signature]</i>
Billed for Services		
Referred to Board		

Julie Eldridge

Signature (person in charge of activity)

Date: 11/21/18

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!