

**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>11/26/18-2/25/19</b>		Setup Time	Tear Down Time	Date Request Submitted	
Activity: Day(s) <b>Monday and Wednesday</b>				November 21, 2018	
Event Time(s) <b>5:15-9:15pm</b>				Room(s) / Area Requested:	
Name of Organization and Event Being Held <b>Pioneer-Adult Ed Phlebotomy</b>		Number of Persons Attending Meeting <b>9</b>		<b>W135 &amp; W133 Medical Technologies Lab and Classroom</b>	
Address <b>27 Ryan Road Shelby, Ohio 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: <b>Martin Dzugan/Julie Eldridge</b>		Business Name: _____			
Phone Numbers: Home: _____		Contact Person: _____			
Work: <b>419 342-1100</b> Cell: _____		Phone Number: _____			
PCTC Requested Services: (Identify No. Needed)		Address: _____			
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> 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	11/24/18	<i>MJD</i>
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)  
*Julie Eldridge*

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!**