

# 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) <b>1/31/2019</b></p> <p>Activity: Day(s) <b>Thursday</b></p> <p>Event Time(s) <b>4:30-9</b></p>	<p>Setup Time</p>	<p>Tear Down Time</p>	<p>Date Request Submitted</p> <p style="text-align: center;"><b>January 4, 2019</b></p>
<p>Name of Organization and Event Being Held</p> <p><b>Adult Education CPR/FA</b></p>	<p>Number of Persons Attending Meeting</p> <p style="text-align: center;"><b>10</b></p>		<p>Room(s) / Area Requested:</p> <p><b>W135 &amp; W133 Medical Technology Lab and Classroom</b></p>
<p>Address <b>27 Ryan Road Shelby, Ohio 44875</b></p>			<p>Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)</p>
<p>Contact Person: <b>Martin Dzugan/Julie Eldridge</b></p> <p>Phone Numbers: Home: _____</p> <p>Work: <b>419 342-1100</b> 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> <p><u>Room Setup</u>      <u>Electronic</u>      ___ Culinary Arts</p> <p>___ Chairs      ___ Microphone      ___ Drinks</p> <p>___ Tables      ___ Ovrhd. Proj.      ___ Snacks</p> <p>___ Chalkboard      ___ Video Camera      ___ Breakfast</p> <p>___ Lectern      ___ Video Recorder      ___ Luncheon</p> <p>___ Coat Racks      ___ Internet Access      ___ Dinner</p> <p>For specific room setup, see attached design: (check one)</p> <p>___ Yes or ___ No</p>			<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>_____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>

## 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.**

Signature (person in charge of activity)

Date: **1/4/19**

Action Taken	Date	By
Approved and Booked	1/7/19	WJL
Billed for Services		
Referred to Board		

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!**