

# 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>10/16/2023-10/17/2023</b>		Setup Time <b>7:00</b>	Tear Down Time <b>2:35</b>	Date Request Submitted <b>May 30, 2023</b>
Activity: Day(s) <b>Mon. &amp; Tues.</b>				Room(s) / Area Requested: <b>Program Labs/Adm. Conf. Room</b>
Event Time(s) <b>7:30-2:30</b>		Name of Organization <b>Lab Picture Days</b>		
Address		Number of Persons Attending Meeting		
Contact Person: <b>Tina Hurst, ext. 42200</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: _____ Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
<u>Room Setup</u>	<u>Electronic</u>	Address: _____		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Other/Specify: <b>Photo staff will use the Admin. Conf. Room as their "home base" while taking pics of labs</b>		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No				

## 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	6/20/23	[Signature]
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.

*[Signature]*  
Signature (person in charge of activity)

Date: **6/15/23**

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

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.