

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) 3/20/2024		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wed				January 4, 2024
Event Time(s) 730-9:30		Room(s) / Area Requested:		
Name of Organization and Event Being Held ACED, RCDG & Foundation Joint Board Meeting		Number of Persons Attending Meeting 75		Arena
Address 55 N Mulberry St, Mansfield, OH 44902		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Kevin Vargyas		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: 5700		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café <input checked="" type="checkbox"/> OR <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Casserole		attached: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____		
Room Setup <u>Electronic</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast <input checked="" type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon <input checked="" type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access _____ Dinner		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 paper 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.											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>1/9/24</td> <td>KVK</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	1/9/24	KVK	Billed for Services			Referred to Board			 Signature (person in charge of activity) Date: 1/11/24	
Action Taken	Date	By												
Approved and Booked	1/9/24	KVK												
Billed for Services														
Referred to Board														

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!