

# 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) <u>2/27, 2/28, 2/29, 3/1</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____		8:00	1:00	February 6, 2024
Event Time(s) _____				Room(s) / Area Requested:
Name of Organization and Event Being Held <b>ACT Testing for Shelby</b>		Number of Persons Attending Meeting <b>15</b>		<b>DLTC, Community Room, C114</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Dan Burtscher</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>ext 42252</u> Cell: <u>419 6312147</u>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Chairs</u> <u>Microphone</u> <u>Culinary Arts</u> <u>x</u> <u>Tables</u> <u>Ovrhd. Proj.</u> <u>Drinks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Snacks</u> <u>Lectern</u> <u>Video Recorder</u> <u>Breakfast</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Luncheon</u> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

### Part II - To be completed by PCTC Personnel

### Responsibility Notice

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	<u>2/6/24</u>	<u>KIC</u>
Billed for Services		
Referred to Board		

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: 2/6/24

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!**

Revised 07/15