

# 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>4/29/2024</u>   |  | Setup Time<br><br><b>10:15</b>  | Tear Down Time | Date Request Submitted<br><br><b>April 1, 2024</b> |
| Activity: Day(s) <u>1</u>  |  |   |                | Room(s) / Area Requested:<br><br><b>DLTC</b>       |
| Event Time(s) <b>10:30-12:45</b>   |  |   |                |  |
| Name of Organization and Event Being Held<br><b>Army National Guard mtg. w/ medical labs</b><br><i>(am labs + pm labs)</i>   |  | Number of Persons Attending Meeting<br><br><b>75/session</b>  |                |  |
| Address  |  | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)   |                |  |
| Contact Person: _____  |  | Business Name: _____  |                |  |
| Phone Numbers: Home: _____   |  | Contact Person: _____   |                |  |
| Work: _____ Cell: _____  |  | Phone Number: _____   |                |  |
| PCTC Requested Services: (Identify No. Needed)   |  | Address: _____  |                |  |
| <input type="checkbox"/> Café OR<br><input type="checkbox"/> Culinary Arts<br><input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks<br><input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks<br><input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon<br><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<br>Estimated time of arrival at Pioneer for setup/delivery: _____<br>Other/Specify: _____<br>_____<br>_____ |                |  |
| For specific room setup, see attached design: (check one)<br><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

### Responsibility Notice

|   |               |                    |  |
|---|---------------|--------------------|--|
| Estimate Calculation of Fees: Attach any pertinent papers.<br>Rental .....<br>Custodial Services .....<br>Food Services .....<br>Other .....<br><b>Total Fee Estimate</b> .....<br><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.<br>Upon receipt of invoice, please make check payable to:<br><b>Pioneer CTC</b> |               |                    | It is understood that our organization assumes full responsibility for any damage to the building and equipment.<br><br>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.<br><br><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b> |
| Action Taken  | Date          | By                 |  |
| Approved and Booked   | <u>4/3/24</u> | <u>[Signature]</u> |  |
| Billed for Services   |               |                    |  |
| Referred to Board   |               |                    |  |

Signature (person in charge of activity)  
Tasha Lisle  
Date: 4/1/24

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