

# 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>Oct 17th, Nov. 9th, Nov. 16th, 2023</b>		Date Request Submitted <b>June 13, 2023</b>
Activity: Day(s) <b>Jan 18th, April 11th, April 18th, May 9th, 2024</b>		Room(s) / Area Requested: <b>Community Room</b>
Time(s)		
Name of Organization <b>Pioneer PD -- Google Trainings</b>	Number of Persons Attending Meeting <b>35</b>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <b>Dan Slaughter or Shannon Sprang</b>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: <b>419 347-7744</b> Cell: _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
		Estimated time of arrival at Pioneer for setup/delivery: _____
		Other/Specify: _____
		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 ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			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 (person in charge of activity) _____ Date: _____
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	6/20/23	KW	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!