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) 5/10/2 | Date(s) 5/10/2024 | | Setup Time | otun Time | Tear Down | Date Request Submitted | |
| Activity: Day(s) Set up done by 2:30 on 5/8 | | | octup rane | | Time | May 30, 2023 | |
| Event Time(s) 9:00 am & 12:30 pm | | | | 8:00 | 2:30 | Room(s) / Area Requested: | |
| Name of Organization | | | | Number o | | ARENA and Community | |
| Senior Moments Ceremony with Senior Moments | | | Attending | | Room (Perf. Arts) | | |
| practice on 5/9 | | | | 650? each | | | |
| Address | | | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | |
| | | | | • | | | |
| Contact Person: Clay Frye | | | | Business Name: | | | |
| Phone Numbers: Home: | | | | Contact Person: | | | |
| Work: Cell: | | | | Phone Number: | | | |
| | | | | Address: | | | |
| PCTC Requested Services: (Identify No. Needed) | | | | If specific hookup/utility needs are required see attached: | | | |
| | | | | | | | |
| | | | | | Estimated time of arrival at Pioneer for setup/delivery: | | |
| x Tables x Ovrhd. Proj. Snacks | | | | | | | |
| Chalkboard Video Camera Luncheon | | | | Other/Specify: *set up all chairs | | | |
| x Lectern Video Recorder Dinner | | | | | | | |
| Coat Racks Internet Access | | | | | | | |
| For specific room setup, see attached design: (check one) | | | | Date of c | Date of contact with Cafeteria/Culinary Arts Services | | |
| x Yes or No | | | | if used for this event: | | | |
| Part II - To be completed by PCTC Personnel | | | | | Respo | nsibility Notice | |
| Estimate Calculation of Fees: Attach any pertinent papers | | | | responsibility for any damage to the building and | | | |
| Rental | | | | | | | |
| Custodial Services | | | | equipm | ent. | | |
| Food Services | | | | | | | |
| Other | | | | A Security Deposit in the amount of \$ | | | |
| Total Fee Estimate | | | | is requi | is required to confirm scheduling. This will be | | |
| Note: Final invoice billing based upon actual costs | | | | | | ce upon satisfactory complete | |
| following the event/activity. | | | | of even | t/activity. | | |
| Upon receipt of invoice, please make check payable to: | | | | | | | |
| Pioneer CTC | | | | \mathcal{M} | Will | | |
| Action Taken | Date | Ву | | | Signature (per | son in charge of activity) | |
| Approved and Booked | 6/20/23 | KuK | | Date: | MISID | 3 | |
| Billed for Services | | | and the second section of the second | | 91 | | |
| Referred to Board | | | | Thank | you for selec | ting 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.

