

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>9/13,10/11,11/8,12/13,1/10,1/14</u>		Set Up Down Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Wed. 2/13, 3/12, 4/10, 5/8</u>				<u>9/7/23</u>
Event Time(s) <u>10:30am-11:30am</u>		<u>10:00</u>	<u>Noon</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held Shelby YMCA senior fitness club meets with Health Ast Students		Number of Persons Attending Meeting 15		Pioneer Room
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Kevin Vargyas</u>		Business Name:		
Phone Numbers: Home: _____		Contact Person: <u>Kevin Vargyas</u>		
Work: _____ Cell: <u>440 570-0714</u>		Phone Number: <u>42,204.00</u>		
PCTC Requested Services: (Identify No. Needed)		Address:		
<input type="checkbox"/> <u>Café</u> OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u> <u>15</u> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <u>5</u> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <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 checked="" type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>The room will be able to accommodate our guests as long as the table and chairs are in the room like they normall are.</u>		
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

Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Food Services Other Total Fee Estimate \$0.00			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.
Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC			Any and all information on this form may be shared with the public through our publicly accessed calendar.
Action Taken	Date	By	Signature (person in charge of activity) Date: <u>9/7/23</u>
Approved and Booked	<u>9/11/23</u>	<u>K-K</u>	
Billed for Services			
Referred to Board			

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