

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) 4/15/2023	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____			April 15, 2024
Event Time(s) 5-9 pm	5:00 PM	8:30-9 pm	Room(s) / Area Requested:
Name of Organization and Event Being Held Richland County EMA/NWS Skywarn Training	Number of Persons Attending Meeting 60-75	Auditorium DLC	
Address 597 Park Ave E, Mansfield, OH 44905		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Sarah Potes		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: 419 709-7360 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	
<input checked="" type="checkbox"/> Chair **	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	
<input checked="" type="checkbox"/> Table **	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	
<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	
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

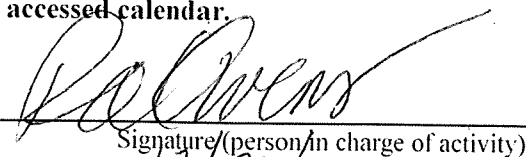
Estimate Calculation of Fees: Attach any pertinent papers.		
Rental		
Custodial Services		
Food Services		
Other		
Total Fee Estimate _____		
Note: Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: Pioneer CTC		
Action Taken	Date	By
Approved and Booked	12/22/23	KW/C
Billed for Services		
Referred to Board		

Responsibility Notice

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: **12/21/2023**

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

**1 table with 2 chairs in the hallway for registration, 1 table in hallway for refreshments