

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Wh

Part I - To be completed by organization requesting building utilization

| | | | | |
|--|--|---|----------------|---|
| Date(s) <u>4/18/2024</u> | | Setup Time | Tear Down | Date Request Submitted |
| Activity: Day(s) <u>Thursday</u> | | | | <u>January 4, 2024</u> |
| Event Time(s) | | <u>2:30 PM</u> | <u>8:00 PM</u> | Room(s) / Area Requested: |
| Name of Organization and Event Being Held <u>Meat and Animal Science - FFA</u> | | Number of Persons Attending Meeting <u>50-60</u> | | <u>Meat and Animal Science Lab, Classroom, DLCT, C114, and E102</u> |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: <u>Phillip Johnson</u> | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: <u>42772</u> Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| <u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u> <u>Chairs</u> <u>Microphone</u> <u>Drinks</u> <u>2 Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u> | | If specific hookup/utility needs are required see attached: (check <u>Yes</u> or <u>No</u>) Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____ | | |
| For specific room setup, see attached design: (check one) <u>Yes</u> or <u>X No</u> | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>N/A</u> | | |

Part II - To be completed by PCTC Personnel

| | | |
|--|----------------|----------------------|
| Estimate Calculation of Fees: Attach any pertinent papers | | |
| Rental | | <u>\$0.00</u> |
| Custodial Services | | <u>0.00</u> |
| Food Services | | <u>0.00</u> |
| Other | | |
| Total Fee Estimate | | <u>\$0.00</u> |
| 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 |
| <u>OK</u> | <u>1/29/24</u> | <u>KLC</u> |

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]
Signature (person in charge of activity)

Date: 1-8-2024

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

Thank you for selecting Pioneer for your event!