

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) <u>May 7, 2024</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tuesday</u>			<u>March 18, 2024</u>
Event Time(s) <u>Lunches</u>	<u>9:30</u>	<u>12:30</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <u>Staff Appreciation Principal's Lunch</u>	Number of Persons Attending Meeting		<u>Pioneer Room Cafe</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Krystal Winters</u>	Business Name: <u>Red Beard Seasonings</u>		
Phone Numbers: Home: _____	Contact Person: <u>Brad Polachek</u>		
Work: _____ Cell: _____	Phone Number: <u>567-224-2010</u>		
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
<u>Chairs</u> <u>Microphone</u> <u>Drinks</u>	Estimated time of arrival at Pioneer for setup/delivery: <u>930 am</u>		
<u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u>	Other/Specify: _____		
<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>	_____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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.			It is understood that our organization assumes full responsibility for any damage to the building and equipment.
Rental			
Custodial Services			
Food Services			
Other			A Security Deposit in the amount of \$ _____ is required to confirm scheduling. This will be applied to final invoice upon satisfactory completion of event/activity.
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	Any and all information on this form may be shared with the public through our publicly accessed calendar.
Approved and Booked	<u>3/18/24</u>	<u>KWK</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			Signature (person in charge of activity) <u>Krystal Winters</u>
			Date: <u>3/18/24</u>

Thank you for selecting Pioneer for your event!