

# 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>4/17/2024</u>		Setup Time  <b>5:30</b>	Tear Down Time  <b>7:30</b>	Date Request Submitted  <b>April 4, 2024</b>
Activity: Day(s) <u>Wednesday</u>				Room(s) / Area Requested:  <b>W102 Ms. Grau's room (Horticulture) &amp; Community Room</b>
Event Time(s) <b>5:30 - 6:30</b>				
Name of Organization and Event Being Held <b>ECE - April parent event w/ Horticulture lab</b>		Number of Persons Attending Meeting  <b>50</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Lexi Dye</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>ext 42600</u> 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"/> Chairs <u>Microphone</u> <u>Drinks</u> <input checked="" type="checkbox"/> Tables <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 one) <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) <input checked="" type="checkbox"/> <b>Yes</b> 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

Estimate Calculation of Fees: Attach any pertinent papers.		
Rental .....	_____	
Custodial Services .....	_____	
Food Services .....	_____	
Other .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	<u>4/19/24</u>	<u>[Signature]</u>
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: \_\_\_\_\_

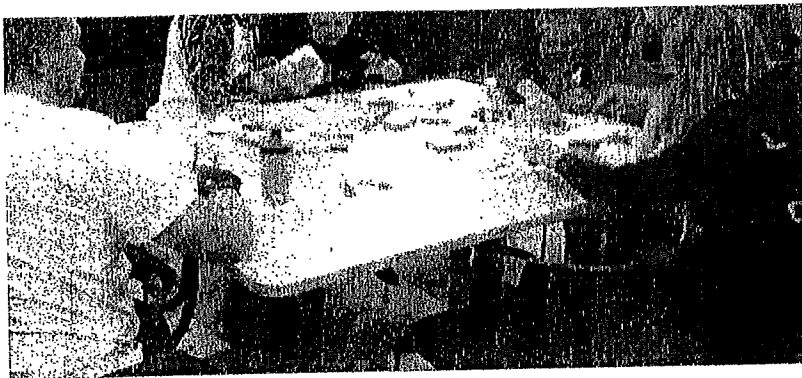
It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

Thank you for selecting Pioneer for your event!

Revised 07/15

Community room set up: 6 sets of 2 tables-48 chairs

see pic below



Chair  
Table

