

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) 5/5/2023		Setup Time 8:00	Tear Down Time 2:30	Date Request Submitted June 6, 2022																		
Activity: Day(s) FRIDAY, Setup on Thurs. 5/4				Room(s) / Area Requested: ARENA and Community Room (Perf. Arts)																		
Event Time(s) 8:45 am & 12:45 pm		Name of Organization Senior Moments Ceremony																				
Address		Number of Persons Attending Meeting 500 each																				
Contact Person: Clay Frye		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____																				
PCTC Requested Services: (Identify No. Needed)		Contact Person: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café/Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>___ Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Luncheon</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td>___ Video Recorder</td> <td>___ Dinner</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	___ Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Luncheon	<input checked="" type="checkbox"/> Lectern	___ Video Recorder	___ Dinner	___ Coat Racks	___ Internet Access		Phone Number: _____		
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For specific room setup, see attached design: (check one)		Address: _____																				
<input checked="" type="checkbox"/> Yes or ___ No		If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No																				
		Estimated time of arrival at Pioneer for setup/delivery: _____																				
		Other/Specify: *set up all chairs																				
		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	6/13/22	KWK
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.



Signature (person in charge of activity)

Date: 6/6/22

Thank you for selecting Pioneer for your event!

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.