

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) 3/31/2023		Setup Time	Tear Down Time 10:00am	Date Request Submitted January 13, 2023																														
Activity: Day(s) Friday				Room(s) / Area Requested: Arena																														
Event Time(s) 7:30am-9:00am																																		
Name of Organization and Event Being Held Regional Manufacturing Coalition Meeting			Number of Persons Attending Meeting Approx 50																															
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																															
Contact Person: Don Paullin			Business Name: _____																															
Phone Numbers: Home: _____			Contact Person: _____																															
Work: ext 42302 Cell: _____			Phone Number: _____																															
PCTC Requested Services: (Identify No. Needed)			Address: _____																															
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Room Setup</td> <td><input checked="" type="checkbox"/> Electronic</td> <td><input checked="" type="checkbox"/> Café OR</td> <td colspan="2">If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> <td colspan="2">Estimated time of arrival at Pioneer for setup/delivery: _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> <td colspan="2">Other/Specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input checked="" type="checkbox"/> Breakfast</td> <td colspan="2">_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> <td colspan="2">_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> <td colspan="2">_____</td> </tr> </table>			<input checked="" type="checkbox"/> Room Setup	<input checked="" type="checkbox"/> Electronic	<input checked="" type="checkbox"/> Café OR	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____		<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	Other/Specify: _____		<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" type="checkbox"/> Breakfast	_____		<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	_____		<input checked="" type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	_____		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
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For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No																																		

Part II - To be completed by PCTC Personnel

Responsibility Notice

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

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.

Action Taken	Date	By
Approved and Booked	1/11/23	Paul
Billed for Services		
Referred to Board		

Donald Paullin
Signature (person in charge of activity)

Date: 1/13/23

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!