

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>5/9/2023 & 5/10/2023</u>	Setup Time	Tear Down Time	Date Request Submitted <u>April 11, 2023</u>
Activity: Day(s) <u>Tuesday & Wednesday</u> 8am to 5pm			Room(s) / Area Requested: DLTC
Name of Organization and Event Being Held Medical Technologies - Mrs. Haney	Number of Persons Attending Meeting 20		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Meghan Haney</u>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
	Address: _____		
PTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Chairs</u> <u>Microphone</u> <u>Drinks</u>	Other/Specify: _____		
<u>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>	_____		
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

Estimate Calculation of Fees: Attach any pertinent papers.			Responsibility Notice		
Rental	_____		It is understood that our organization assumes full responsibility for any damage to the building and equipment.		
Custodial Services	_____		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.		
Food Services	_____		Any and all information on this form may be shared with the public through our publicly accessed calendar.		
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	<u>4/11/23</u>	<u>Km E</u>	Mrs. Haney		
Billed for Services			Signature (person in charge of activity)		
Referred to Board			Date: <u>04/11/2023</u>		

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