

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44885

Part I - To be completed by organization requesting building utilization

Date(s) <u>5/2/23</u>		8:30 AM	Tear Down Time 2:00 PM	Date Request Submitted
Activity: Day(s) <u>Tuesday</u>				April 14, 2023
Event Time(s) <u>8:30 AM</u>				Room(s) / Area Requested: arena
Name of Organization and Event Being Held Crash Combat Games Lasertag			Number of Persons Attending Meeting 35	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Seth Weibel</u>			Business Name: <u>Crash Combat Games</u>	
Phone Numbers: Home: _____ <u>42764</u>			Contact Person: <u>Todd Schoch</u>	
Work: _____ Cell: <u>1-962-1</u> _____			Phone Number: <u>41-651-3756</u>	
PCTC Requested Services: (Identify No. Needed)			Address: _____	
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u>			If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="checkbox"/> Room Setup <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner			Estimated time of arrival at Pioneer for setup/delivery: <u>8:30am setup, tear down 2pm or earlier</u>	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No			Other/Specify: <u>Arena</u> <u>no tables or chairs, wide open space</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	_____	_____
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>4/17/23</u>	<u>[Signature]</u>
Referred 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 \$ 0.00 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!