

# 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) <b>5/25/2023</b>		Setup Time	Tear Down Time	Date Request Submitted																												
Activity: Day(s) <b>Thursday</b>				<b>April 27, 2023</b>																												
Event Time(s) <b>5:00 pm</b>		<b>4:30pm</b>	<b>7:30pm</b>	Room(s) / Area Requested:																												
Name of Organization and Event Being Held <b>Adult Education Graduation Ceremony</b>		Number of Persons Attending Meeting <b>150</b>		<b>Arena-DLTC</b>																												
Address <b>27 Ryan Road Shelby OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																														
Contact Person: <b>D. Paullin/J. Eldridge</b>		Business Name: _____																														
Phone Numbers: Home: _____		Contact Person: _____																														
Work: <b>419 342-1100</b> Cell: _____		Phone Number: _____																														
PCTC Requested Services: (Identify No. Needed)		Address: _____																														
<table border="0"> <tr> <td></td> <td><input type="checkbox"/> Café</td> <td>OR</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td>Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td></td> <td></td> </tr> <tr> <td><b>##</b> Chairs</td> <td><b>1</b> Microphone</td> <td></td> <td>Drinks</td> </tr> <tr> <td>Tables</td> <td>Ovrhd. Proj.</td> <td></td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td></td> <td>Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td></td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td><b>1</b> Internet Access</td> <td></td> <td>Dinner</td> </tr> </table>			<input type="checkbox"/> Café	OR	<input type="checkbox"/> Culinary Arts	Room Setup	<input type="checkbox"/> Electronic			<b>##</b> Chairs	<b>1</b> Microphone		Drinks	Tables	Ovrhd. Proj.		Snacks	Chalkboard	Video Camera		Breakfast	Lectern	Video Recorder		Luncheon	Coat Racks	<b>1</b> Internet Access		Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
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For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																														

## 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	4/27/23	[Signature]
Billed for Services		
Referred to Board		

Signature (person in charge of activity)  
*Julie Eldridge*

Date: **4/27/2023**

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