

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>May 9th</u> 10th | | Setup Time | Tear Down Time | Date Request Submitted <u>5/11/23</u> |
| Activity: Day(s) <u>Tuesday May 9th</u> | | | | Room(s) / Area Requested: <u>Pioneer Room</u> |
| Event Time(s) <u>10am - 12:30 pm</u> | | Name of Organization and Event Being Held <u>Staff Appreciation</u> | | Number of Persons Attending Meeting |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: <u>Krystal Winters</u> | | Business Name: <u>Red Beard Seasonings</u> | | |
| Phone Numbers: Home: _____ | | Contact Person: <u>Clay Frye</u> | | |
| Work: _____ Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts | | attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | | |
| <input type="checkbox"/> Room Setup <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access | <input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Dinner | Estimated time of arrival at Pioneer for setup/delivery: <u>10 am</u> | |
| For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | | Other/Specify: _____ | | |
| | | 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. 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. | |
| 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 | | Signature (person in charge of activity) <u>Krystal Winters</u> | |
| Action Taken | Date | By | Date: |
| Approved and Booked | <u>5/11/23</u> | <u>KIC</u> | <u>5/11/23</u> |
| Billed for Services | | | |
| Referred to Board | | | |