

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) 6/5/2023		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Monday				May 23, 2023
Event Time(s) 8-11 am		7:30 AM	11:30	Room(s) / Area Requested:
Name of Organization and Event Being Held Strategic Planning Meeting		Number of Persons Attending Meeting 35		Community Room
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" 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		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services used for this event: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		<i>Tables in "U" shape - open and facing East</i>		

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			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p> <p><i>C. Faye / J. Hunt</i> Signature (person in charge of activity) Date: <i>May 23, 2023</i></p>		
Action Taken	Date	By			
Approved and Booked	<i>5/24/23</i>	<i>K-K</i>			
Billed for Services					
Referred to Board					