

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) 6/19 and 6/21/23	Setup Time	Tear Down Time	Date Request Submitted May 24, 2023
Activity: Day(s) Monday & Wednesday			
Event Time(s) 5:00PM -9:00PM			Room(s) / Area Requested: E114 Exercise Science Lab and E116 Computer Lab
Name of Organization and Event Being Held Adult Education- STNA First Aide and CPR		Number of Persons Attending Meeting 15	

Address 27 Ryan Road Shelby OH 44875	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: D. Paullin/J.Eldridge	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: 419 342-1100 Cell: _____	Phone Number: _____
	Address: _____

<p>PCTC Requested Services: (Identify No. Needed)</p> <p><u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u></p> <p><input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks</p> <p><input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks</p> <p><input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast</p> <p><input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon</p> <p><input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner</p> <p>For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>
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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	5/30/23	JEC
Billed for Services		
Referred to Board		

Signature (person in charge of activity)
Julie Eldridge

Date: 5/24/23

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!