

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) 8/3/2023-8/11/2023		Setup Time	Tear Down Time	Date Request Submitted May 30, 2023
Activity: Day(s) Thursday-Wednesday				Room(s) / Area Requested: Arena E116 & E118 on 8/8-8/10 for hearing/vision screenings
Event Time(s) all day		Name of Organization and Event Being Held Welcome Week (8/8 & 8/10 12-6 pm; 8/9 9a - 3p) Set up on 8/4 and 8/7		Number of Persons Attending Meeting 1200
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) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u>	<u>Electronic</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Other/Specify: Various stations needed for IDs, fees, schedules, forms, chromebooks - setup to be confirmed with Mr. Frye closer to the date of event		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera			
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder			
<input type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

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

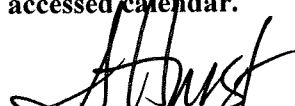
Action Taken	Date	By
Approved and Booked	6/20/23	kw/c
Billed for Services		
Referred to Board		

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 \$ _____ 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: 6/15/23

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

Thank you for selecting Pioneer for your event!