

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>September 28th, 2023</u>		Date Request Submitted June 13, 2023
Activity: Day(s) <u>Thursday</u>		Room(s) / Area Requested: Pioneer Room
Time(s) <u>6:00 p.m to 8:00 p.m. - starts at 6:30</u>		
Name of Organization Master Teacher Ceremony	Number of Persons Attending Meeting 40	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Shannon Sprang</u>	Business Name: _____	
Phone Numbers: Home: _____	Contact Person: _____	
Work: <u>419 347-7744</u> Cell: _____	Phone Number: _____	
	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>x</u> Chairs <u>x</u> Microphone <u>x</u> Drinks	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>x</u> Tables ___ Ovrhd. Proj. <u>x</u> Snacks	Other/Specify: _____	
___ Chalkboard ___ Video Camera ___ Luncheon	_____	
<u>x</u> Lectern ___ Video Recorder ___ Dinner	_____	
<u>x</u> Coat Racks <u>x</u> Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		

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.		
_____ Signature (person in charge of activity)		
Date: _____		
Action Taken	Date	By
Approved and Booked	6/20/23	[Signature]
Billed for Services		
Referred to Board		

Thank you for selecting Pioneer for your event!