

# 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>1/17/2024</u>		Setup Time <b>7:30</b>	Tear Down Time <b>10:00</b>	Date Request Submitted <b>August 2, 2023</b>
Activity: Day(s) <u>Wednesday</u>				Room(s) / Area Requested: <b>Cafeteria will meet together initially to eat breakfast; Princ. Then to Pioneer Rm</b>
Event Time(s) <b>8:30 am-10 am</b>		Name of Organization and Event Being Held <b>Combined Principals/Counselors Meeting</b>		
Address		Number of Persons Attending Meeting <b>65</b>		
Contact Person: <u>Tina Hurst, ext. 42200</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____		
PCTC Requested Services: (Identify No. Needed)		Contact Person: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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 checked="" 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		Phone Number: _____		
For specific room setup, see attached design: (check one)		Address: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

**Part II - To be completed by PCTC Personnel**

**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)  
*Tina Hurst*

Date: 8/2/23

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	8/2/23	<i>[Signature]</i>
Billed for Services		
Referred to Board		