

# 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) <b>9/16/2023</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>1</b>			<b>September 6, 2023</b>
Event Time(s) <b>9am-1pm</b>	<b>8:30am</b>	<b>1:30pm</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Forklift training</b>		Number of Persons Attending Meeting <b>10</b>	<b>Community Room/Arena</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Don Paullin</b>		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>    </u> Yes or <u>    </u> No	
<u>    </u> <b>Room Setup</b>	<u>    </u> <b>Electronic</b>	<u>    </u> <b>Café</b> OR <u>    </u> <b>Culinary Arts</b>	
<u>    </u> Chairs	<u>    </u> Microphone	<u>    </u> Drinks	
<u>    </u> Tables	<u>    </u> Ovrhd. Proj.	<u>    </u> Snacks	
<u>    </u> Chalkboard	<u>    </u> Video Camera	<u>    </u> Breakfast	
<u>    </u> Lectern	<u>    </u> Video Recorder	<u>    </u> Luncheon	
<u>    </u> Coat Racks	<u>    </u> Internet Access	<u>    </u> Dinner	
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>    </u> Yes or <u>    </u> No		Other/Specify: _____	
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	

## 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	9/7/23	KIC
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.**

*Donnae Paul*  
Signature (person in charge of activity)

Date: 9/6/23

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!