

**Building Utilization Request**

**Pioneer**

**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>1/22/2024</b>		Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Monday</b>				<b>December 15, 2023</b>
Event Time(s) <b>6:00 PM</b>		<b>1:00 PM</b>	<b>After Mtg</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>January Organizational and Board of Ed Mtgs</b>		Number of Persons Attending Meeting <b>20</b>		<b>Board of Education Conference Room</b>
Address		Services to be provided by outside person(s)/vendors		
Contact Person: <b>Mindy Owen</b>		Business Name _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work <b>42101</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input 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 type="checkbox"/> Breakfast <input 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		attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Service if used for this even <b>1/10/2024 I will contact Jaso</b>		

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

Estimate Calculation of Fees: Attach any pertinent pay

Rental ..... \_\_\_\_\_

Custodial Service..... \_\_\_\_\_

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
	12/15/23	Kwik

**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)  
*Mindy Owen*

Date: **12/15/23**

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

**Thank you for selecting Pioneer for your event!**