

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) Sept. 13, 2024 | | Setup Time | Tear Down Time | Date Request Submitted May 20, 2024 | | | | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) Sr. Job Fair | | | | Room(s) / Area Requested: Arena | | | | | | | | | | | | | | | | | | | | | |
| Event Time(s) 3-Jul 7-3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held Pioneer Sr. Job Fair | | Number of Persons Attending Meeting 1,000 150 business representatives | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person: Amy Law | | 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 | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><u> </u> Room Setup</td> <td><u> </u> Electronic</td> <td><u> </u> Café OR</td> </tr> <tr> <td><u> </u> Culinary Arts</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><u> </u> Ovrhd. Proj.</td> <td><u> </u> Snacks</td> </tr> <tr> <td><u> </u> Chalkboard</td> <td><u> </u> Video Camera</td> <td><input checked="" type="checkbox"/> Breakfast</td> </tr> <tr> <td><u> </u> Lectern</td> <td><u> </u> Video Recorder</td> <td><input checked="" type="checkbox"/> Luncheon</td> </tr> <tr> <td><u> </u> Coat Racks</td> <td><u> </u> Internet Access</td> <td><u> </u> Dinner</td> </tr> </table> | | <u> </u> Room Setup | <u> </u> Electronic | <u> </u> Café OR | <u> </u> Culinary Arts | | | <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | <input checked="" type="checkbox"/> Drinks | <input checked="" type="checkbox"/> Tables | <u> </u> Ovrhd. Proj. | <u> </u> Snacks | <u> </u> Chalkboard | <u> </u> Video Camera | <input checked="" type="checkbox"/> Breakfast | <u> </u> Lectern | <u> </u> Video Recorder | <input checked="" type="checkbox"/> Luncheon | <u> </u> Coat Racks | <u> </u> Internet Access | <u> </u> Dinner | Estimated time of arrival at Pioneer for setup/delivery: _____ | | |
| <u> </u> Room Setup | <u> </u> Electronic | <u> </u> Café OR | | | | | | | | | | | | | | | | | | | | | | | |
| <u> </u> Culinary Arts | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <u> </u> Coat Racks | <u> </u> Internet Access | <u> </u> Dinner | | | | | | | | | | | | | | | | | | | | | | | |
| For specific room setup, see attached design: (check one) | | Other/Specify: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <u> </u> Yes or <u> </u> No | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | | | | | | | | | | | | | | | | | | | | | | |

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

| Action Taken | Date | By |
|---------------------|---------------|------------|
| Approved and Booked | <i>Sperry</i> | <i>gwk</i> |
| Billed for Services | | |
| Referred to Board | | |

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: 5/20/2024

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!

Revised 07/15