## **Building Utilization Request**



## **Pioneer Career and Technology Cente**

ATTN: Director of Business Affair 27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization reques	sting bu	ilding utiliz	ation	
Date(s) 9/11, 9/18, 10/16, 11/20, 12/18, 1/22, 2/1	9, Se	etup Time	Tear Down	Date Request Submitted
Activity: Day(s) Wednesday		2:30	Time	May 3, 2024
Event Time(s) 2:30 p.m.				Room(s) / Area Requested:
Name of Organization and Event Being Held		Number o	The second secon	Cafeteria
EAP General Meeting		Attending Meeting		
		Services to be provided by outside person(s)/vendors		
Address		(i.e. caterer, photographer, etc.)		
Contact Person: Jeni Stewart		Business Name:		
Phone Numbers: Home:		Contact Person:		
Work: Cell:		Phone Number:		
		Address:		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached:		
<u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>		(check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery:		
· , · · · · · · · · · · · · · · · · · ·		Estimated	tillic of allivar	at I folicor for sotup/defivery.
X Chairs Microphone Drin		Othor/Sno	oifw.	
X Tables Ovrhd. Proj Snacks Chalkboard Video Camera Breakfast		Other/Specify:		
Lectern Video Recorder Lun				
Coat Racks Internet Access Dinner				
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services		
Yes orNo		if used for this event:		
Part II - To be completed by PCTC Personnel		Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent papers.		It is understood that our organization assumes full responsibility for any damage to the building and equipment.		
Rental				
Custodial Services		equipino	116,	
Food Services		A Security Deposit in the amount of \$		
Other		is required to confirm scheduling. This will be applied		
Total Fee Estimate		to final invoice upon satisfactory complete of event/activity.		
Note: Final invoice billing based upon actual costs following the event/activity.			•	
Upon receipt of invoice, please make check payable to: Pioneer CTC		Any and all information on this form may be shared with the public through our publicly accessed calendar.		
Action Taken Date By		~/	- n	7 4 77 1
Approved and Booked 5/22/24 /	~ [	! XMB Other		
Billed for Services		U	Signature (person	on in charge of activity)
Referred to Board		Date:	00/03/	2004