

*LDH*

# 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>19-Jun-24</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>1</b>				<b>June 11, 2024</b>
Event Time(s) <b>7am-3pm</b>		<b>6:15am</b>	<b>3:30pm</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>First Aid/CPR training</b>		Number of Persons Attending Meeting <b>11</b>		<b>Exercise Science Lab</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		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Tables <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <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

<b>Responsibility Notice</b> Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>  <i>Donald Paullin</i> Signature (person in charge of activity) Date: <u>6/11/24</u>
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	<u>6/11/24</u>	<i>DP</i>	
Billed for Services			
Referred to Board			

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!