

# 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>August 15, 2024</b> Activity: Day(s) <b>Thursday</b> Event Time(s) <b>7:30 - 2:30</b>	Setup Time	Tear Down Time	Date Request Submitted <b>August 9, 2024</b>
Name of Organization and Event Being Held <b>New Staff Orientation</b>	Number of Persons Attending Meeting <b>25</b>		Room(s) / Area Requested: <b>Community Room</b>
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Mindy Hiatt</b>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: <b>ext 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"/> Drinks <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Snacks <input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Breakfast <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Luncheon <input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Dinner <input type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <b>Tables U shape</b>	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 ..... <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> Upon receipt of invoice, please make check payable to: <p style="text-align: center;"><b>Pioneer CTC</b></p>	<p style="text-align: center;"><b>Responsibility Notice</b></p> 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>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>8/9/24</td> <td>MK</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	8/9/24	MK	Billed for Services			Referred to Board			_____ Signature (person in charge of activity) Date: 08/09/2024
Action Taken	Date	By											
Approved and Booked	8/9/24	MK											
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!**