

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) August 15, 2023		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday				June 6, 2023
Event Time(s) 7:00 am to 12:30 pm		6:30 AM	12:30 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Van Driver/Bus Driver Physicals		Number of Persons Attending Meeting 70+		Exercise Science Lab and Criminal Justice Lab
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Karen Donahue/Kris Kowalski		Business Name: AVITA		
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>Yes</u> or <u>No</u>		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u> <input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		Estimated time of arrival at Pioneer for setup/delivery: <u>if areas could be open and lights on by 6:30 am</u> Other/Specify: <u>set up 8/14/23: will check room use with Mike Millward, Dan George and Eric Winbigle!</u> <u>AVITA staff will be here 6:30 am</u> <u>borrow traffic cones from Criminal Justice</u>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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

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.

Action Taken	Date	By
Approved and Booked	6/6/23	KrK
Billed for Services		
Referred to Board		

Karen Donahue
Signature (person in charge of activity)

Date: _____

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!