

# 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>8/14/2024</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Wednesday</b>			<b>June 10, 2024</b>
Event Time(s) <b>8:00-3:00 pm</b>	<b>7:30</b>	<b>4:00</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Discipline Co-Hort Meeting</b>	Number of Persons Attending Meeting <b>10</b>	<b>W208 Glessner's Classroom</b>	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Tina Hurst, ext. 42200</b>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts	attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Room Setup	Estimated time of arrival at Pioneer for setup/delivery _____		
<input checked="" type="checkbox"/> Chairs	Other/Specify: _____		
<input type="checkbox"/> Tables	_____		
<input type="checkbox"/> Chalkboard	_____		
<input type="checkbox"/> Lectern	_____		
<input type="checkbox"/> Coat Racks	_____		
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No			

## Part II - To be completed by PCTC Personnel

## Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent paper

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.**

Signature (person in charge of activity) \_\_\_\_\_

Date: \_\_\_\_\_

Action Taken	Date	By
Approved and Booked	6/20/24	KWK
Billed for Services		
Referred to Board		

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!**