

## **Building Utilization** Request



## Pioneer Career and Technology Center ATTN: Director of Business

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Part I - To be completed by organization requ	iesti	ng buildi	ng utilization	
Date(s) 8/5/2024-8/7/2024	Set	tup Time	Tear Down	Date Request Submitted
Activity: Day(s) Thursday-Wednesday			Time	June 10, 2024
Event Time(s) all day				Room(s) / Area Requested:
Name of Organization and Event Being Held			of Persons	Arena
Welcome Week (8/5-8/7, 8/5- 9a-3p, 8/6 & 7 12-6)		Attending Meeting		E116 & E118 on 8/5-8/7 for hearing/vision screenings
Set up on 8/1 and 8/2		1200		
Address		Services to be provided by outside person(s)/vendors		
		(i.e. caterer, photographer, etc.)		
Contact Person:		Business Name:		
Phone Numbers: Home:		Contact Person:		
Work Cell:		Phone Number:		
		Address:		
PCTC Requested Services: (Identify No. Needed)		attached:		
<u> </u>		(check	Yes or	
Room Setup <u>Electronic</u> <u>Culinary A</u>	<u>rts</u>	Estimate	d time of arriv	val at Pioneer for setup/delivery
x Chairs Microphone Drinks				
x Tables Ovrhd. Proj Snacks	:	Other/Sp	ecify: Various	s stations needed for IDs,
Chalkboard Video Camera Breakf	ast	fees, se	chedules, for	ms, chromebooks - setup to
LecternVideo RecorderLunche	eon	be confirmed with Mr. Frye closer to the date		
Coat Racks _x Internet Access Dinner		of event -Same set up as last year		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services		
Yes or No		if used for this event		
Part II - To be completed by PCTC Personne	1	Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent pa		It is understood that our organization assumes		
Rental		full responsibility for any damage to the building		
Custodial Services		and equ	iipment.	
Food Services		A Security Deposit in the amount of \$		
Other		is required to confirm scheduling. This will be		
Total Fee Estimate		applied to final invoice upon satisfactory		
Note: Final invoice billing based upon actual costs		complete of event/activity.		
following the event/activity.		Anyon	d all informa	ation on this form may be
Upon receipt of invoice, please make check payable to:		shared with the public through our publicly		
Pioneer CTC		accessed calendar.		
Action Taken Date By				
Approved and Booked 6/20/24 16 16	-			-
Billed for Services			Signature (pers	on in charge of activity)
Referred to Board		Date:_		

to use these funds for the direct use, improvement, and Thank you for selecting Pioneer for your event! maintenance of the building utilization areas of the school.