

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) 10/14/2024	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) 1			October 11, 2024
Event Time(s) 10:00 - 11:15	10:00	11:15	Room(s) / Area Requested:
Name of Organization and Event Being Held OSU-Mansfield & NCSC presenting to Healthcare Labs	Number of Persons Attending Meeting 70		DLTC

Address 27 Ryan Rs	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: Morgan Schumacher	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: _____ Cell: _____	Phone Number: _____
	Address: _____

<p>PCTC Requested Services: (Identify No. Needed)</p> <p>Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u></p> <p><input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks</p> <p><input type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks</p> <p><input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast</p> <p><input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon</p> <p><input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner</p> <p>For specific room setup, see attached design: (check one)</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>
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Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.

Rental _____

Custodial Services _____

Food Services _____

Other _____

Total Fee Estimate \$0.00

Note: Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:
Pioneer CTC

Action Taken	Date	By
Approved and Booked	10/11/24	[Signature]
Billed for Services		
Referred to Board		

Responsibility Notice

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: _____

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!