

Building Utilization Request



Pioneer Career and Technology Center

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

[Handwritten signature]

Part I - To be completed by organization requesting building utilization

Date(s) <u>5/30,5/31,6/3-6/6</u>		Tear Down Time <u>8:00</u> <u>15:30</u>	Date Request Submitted <u>January 8, 2024</u>
Activity: Day(s) <u>Thurs, Fri - Mon-Thurs</u>			Room(s) / Area Requested: <u>Arena, DLTC, Caf, Culinary Lab, Media Lab, Graphic Arts Lab, Med Ast Lab,</u>
Name of Organization and Event Being Held <u>Pioneer Summer Camp</u>		Number of Persons Attending Meeting <u>Kevin Vargyas</u>	
Address <u>27 Ryan Rd</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) <u>Horticulture Lab</u> <u>Carpentry Lab</u>	
Contact Person: <u>Kevin Vargyas</u>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: <u>440 5700714</u>		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed) <u>Café</u> OR Room Setup <u>Electronic</u> <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast <input checked="" type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access _____ Dinner		Address: _____ attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery _____ Other/Specify: _____ _____	
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

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

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.

Action Taken	Date	By
Approved and Booked	<u>1/9/24</u>	<u>K-K</u>
Billed for Services		
Referred to Board		

Signature (person in charge of activity) _____

Date: _____

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!**