

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) Aug. 22 & Aug. 23, 2024			Se	tup Time	Tear Down	Date Request Submitted	
Activity: Day(s) 8/22/24 & 8/23/24					Time	June 10, 2024	
Event Time(s) 9-10 am & 12:30 - 1:30		8/	/21/2024	8/23/2024	Room(s) / Area Requested:		
Name of Organization and Event Being Held				Number o		Arena	
Student Handbook Meetings				Attending	-		
				Services to be provided by outside person(s)/vendors			
Address				(i.e. caterer, photographer, etc.)			
Pioneer CTC							
Contact Person: Jolene Young			Business Name:				
Phone Numbers: Home:			Contact Person:				
Work:	Work: Cell: 419 631-5224			Phone Number:			
DOTTO D				Address:			
PCTC Requested Services: (Identify No. Needed)				If specific hookup/utility needs are required see attached: (check one) Yes or No			
Room Setup Electronic Culinary Arts			(check one)Yes orNo Estimated time of arrival at Pioneer for setup/delivery:				
x Chairs	x Microphone	— Drinks	2	Estimated time of arrivar at 1 fonest for setup, acrivery.			
Tables	x Ovrhd. Proj.	Snacks		Other/Specify:			
— Chalkboard	Video Camera	Breakfas	et	Lectern placed in the front of the stage on the floor.			
x Lectern Video Recorder Luncheon			2 aisle ways in between groups of chairs (at least 1)				
Coat Racks	x Internet Access	— Dinner	,11	2 0.010 1	rayo iii botivoc	m groups or onans (at least 1)	
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 Personnel				Responsibility Notice			
Estimate Calculation of Fees: Attach any pertinent papers.				It is understood that our organization assumes full responsibility for any damage to the building and equipment.			
Rental							
Custodial Services							
Food Services				A Security Deposit in the amount of \$ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of			
Other							
Total Fee Estimate							
Note: Final invoice billing based upon actual costs				event/act	tivity.		
following the event/activity.				A a d	11 : f 4:	41 f 1	
Upon receipt of invoice, please make check payable to: Pioneer CTC				Any and all information on this form may be shared with the public through our publicly accessed calendar.			
Action Taker	n Date	Ву				, 1	
Approved and Boo	oked 6/20/24	1hoK			foline	- ()-	
Billed for Services	3			_	Signature (pers	on in charge of activity)	
Referred to Board				Date:	4/10/2	.4	
It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event! these funds for the direct use, improvement, and							
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