

# 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>8/30/2024</b>		Setup Time <b>6:30 AM</b>	Tear Down Time <b>2:45 PM</b>	Date Request Submitted <b>June 10, 2024</b>
Activity: Day(s) <b>Friday</b>				Room(s) / Area Requested: <b>Arena</b>
Event Time(s) <b>7:30 am - 2:25 pm</b>				
Name of Organization <b>Picture Day</b>		Number of Persons Attending Meeting <b>950+</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: _____		
Room Setup	Electronic	attached: _____		
<u>4</u> Chairs	___ Microphone	(check one) <u>   </u> Yes or <u>   </u> No		
<u>4</u> Tables	___ Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery		
___ Chalkboard	___ Video Camera	<b>6:30 AM</b>		
___ Lectern	___ Video Recorder	Other/Specify: <b>4 tables lined up next to stage area</b>		
___ Coat Racks	___ Internet Access	<b>cameras will need to plug in.</b>		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		if used for this event _____		

**Part II - To be completed by PCTC Personnel**

<b>Part II - To be completed by PCTC Personnel</b>			<b>Responsibility Notice</b>	
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 .....	_____		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.	
Custodial Services.....	_____			
Food Services.....	_____			
Other .....	_____			
<b>Total Fee Estimate</b> _____				
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.				
Upon receipt of invoice, please make check payable to:			Signature (person in charge of activity)	
<b>Pioneer CTC</b>			Date: _____	
<b>Action Taken</b>	<b>Date</b>	<b>By</b>		
Approved and Booked	<i>6/20/24</i>	<i>[Signature]</i>		
Billed for Services				
Referred to Board				

**Thank you for selecting Pioneer for your event!**

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