

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) <u>9/4/2024</u>	All day	Set up	Date Request Submitted
Activity: Day(s) <u>Wednesday</u>			<u>8/26/24</u>
Event Time(s) <u>3:30 pm to 5:30 pm</u>			Room(s) / Area Requested:
Name of Organization and Event Being Held <u>Opening Satellite Meeting for 2024 school year</u>	Number of Persons Attending Meeting <u>30</u>		Community Room
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Matt Parr</u>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: <u>42206</u> Cell: <u>419 3477744</u>	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>	If specific hookup/utility needs are required see attached: (check <u>Yes</u> or <u>No</u>)		
<u>30</u> Chairs <u>Microphone</u> <u>Drinks</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>17</u> Tables <u>x</u> Ovrhd. Proj. <u>Snacks</u>	Other/Specify: _____		
<u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u>	_____		
<u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u>	_____		
<u>x</u> Coat Racks <u>x</u> Internet Access <u>x</u> Dinner	_____		
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<u>Yes</u> or <u>X</u> <u>No</u>			

Part II - To be completed by PCTC Personnel

Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers	
Rental.....	<u>\$0.00</u>
Custodial Services	<u>0.00</u>
Food Services	<u>0.00</u>
Other	
Total Fee Estimate	<u>\$0.00</u>

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
<u>OK</u>	<u>8/26/24</u>	<u>[Signature]</u>

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.

Matthew R. Parr

Signature (person in charge of activity)

Date: 8-26-24

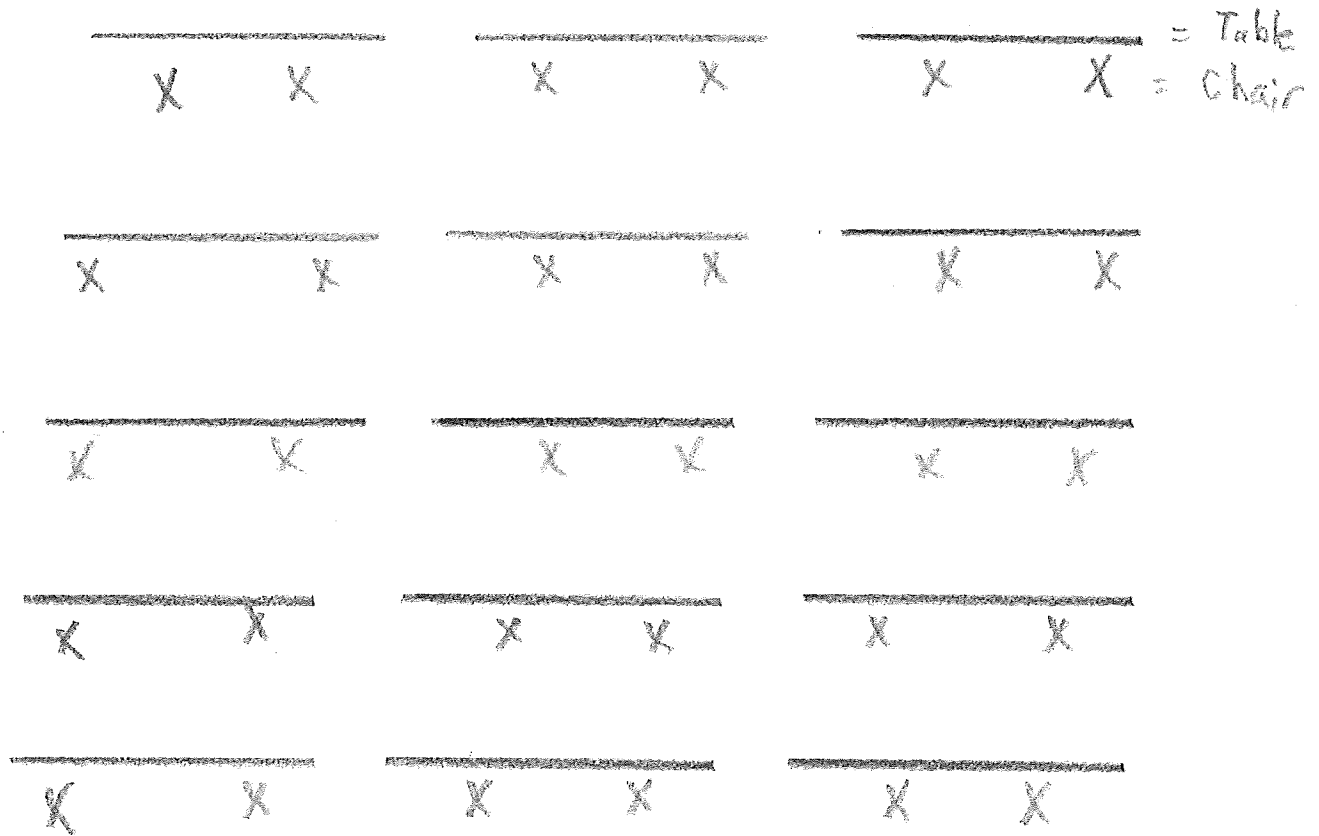
It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

Thank you for selecting Pioneer for your event!

Front of Room

x

Table



Door

Table

Door

Back Counter

Coat Rack