

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) 9/30/2024		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____				September 5, 2024
Event Time(s) 10:00-11:00 and 12:00-1		Room(s) / Area Requested:		
Name of Organization and Event Being Held University of Mount Union Nursing Program Presentation for health labs		Number of Persons Attending Meeting AM: 54, PM: 75		DLTC
Address 27 Ryan Rd.		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Meghan Haney		Business Name: N/A		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 419 374-7744 ex Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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 papers. Rental Custodial Services Food Services Other <p style="text-align: center;">Total Fee Estimate</p>		Responsibility Notice	
Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <p style="text-align: center;">Pioneer CTC</p>		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	9/5/24		
Billed for Services			
Referred to Board			
		Meghan Haney	
		Signature (person in charge of activity)	
		Date: 9/5/24	

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!