

# 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>9/2/24 - 10/30/24</b> Activity: Day(s) <b>Tuesdays and Thursdays</b> Event Time(s) <b>5:00-9:00 pm</b>	Setup Time	Tear Down Time	Date Request Submitted <b>July 9, 2024</b>
Name of Organization and Event Being Held <b>Fall STNA Classes - Adult Ed</b>			Room(s) / Area Requested: <b>Med Tech Classroom</b>
Address <b>27 Ryan Road Shelby OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>D. Paullin/J. White</b>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: <b>419 342-1100</b> Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>    </u> Yes or <u>    </u> No	
<u>    </u> Café OR <u>    </u> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>    </u> Room Setup	Other/Specify: _____		
<u>    </u> Chairs	<u>    </u> Electronic	<u>    </u> Microphone	<u>    </u> Drinks
<u>    </u> Tables	<u>    </u> Ovrhd. Proj.	<u>    </u> Video Camera	<u>    </u> Snacks
<u>    </u> Chalkboard	<u>    </u> Video Recorder	<u>    </u> Internet Access	<u>    </u> Breakfast
<u>    </u> Lectern	<u>    </u> Coat Racks	<u>    </u> Dinner	<u>    </u> Luncheon
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<u>    </u> Yes or <u>    </u> No			

## 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;"><b>Total Fee Estimate</b></p> 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;"><b>Pioneer CTC</b></p>	<h3 style="text-align: center;">Responsibility Notice</h3> 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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Action Taken</th> <th style="width:30%;">Date</th> <th style="width:40%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td style="text-align: center;">7/9/24</td> <td style="text-align: center;">[Signature]</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	7/9/24	[Signature]	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: <u>7/9/24</u>
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