

Handwritten initials

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) 12/6/2024 | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) Friday | | | June 10, 2024 |
| Event Time(s) 10:45-2:00 | 8:30 | 2:15 | Room(s) / Area Requested: |
| Name of Organization and Event Being Held Partner School Secretaries Luncheon | Number of Persons Attending Meeting 35 | Community Room/ Cosmetology Lab | |
| Address | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Tina Hurst, ext. 42200 | Business Name: _____ | | |
| Phone Numbers: Home: _____ | Contact Person: _____ | | |
| Work: _____ Cell: _____ | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | Address: _____ | | |
| <input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: Culinary to provide lunch; details to be confirmed with K. Burke as date approaches | | |
| 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

Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers.

Rental _____

Custodial Services _____

Food Services _____

Other _____

Total Fee Estimate _____

Note: Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:
Pioneer CTC

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 | 6/20/24 | <i>[Signature]</i> |
| Billed for Services | | |
| Referred to Board | | |

Signature (person in charge of activity) _____

Date: _____

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!