

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) 10/16/2024		Setup Time 7:00	Tear Down Time 2:05	Date Request Submitted June 10, 2024
Activity: Day(s) Wednesday				Room(s) / Area Requested: Community Room
Event Time(s) 7:30-2:00 pm		Name of Organization Picture Retake Day		Number of Persons Attending Meeting
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: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	attached: (check one) <u>Yes</u> or <u>No</u>	
<input checked="" type="checkbox"/> 4 Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery	
<input checked="" type="checkbox"/> 3 Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	7:00	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon	Other/Specify: One table/one chair	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner	Cameras will need to plug in;	
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access		Date of contact with Cafeteria/Culinary Arts Services if used for this event _____	
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

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.

Action Taken	Date	By
Approved and Booked	6/20/24	[Signature]
Billed for Services		
Referred to Board		

Signature (person in charge of activity) _____

Date: _____

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.