

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) 1/30/2025		Setup Time	Tear Down Time	Date Request Submitted June 10, 2024
Activity: Day(s) Thursday				Room(s) / Area Requested: Labs/Community Room
Event Time(s) 6-8 pm				
Name of Organization and Event Being Held Soph. Open House		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: _____		
<input checked="" type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		attached: (check one) <input type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u>		
<input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks		Estimated time of arrival at Pioneer for setup/delivery _____		
<input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input checked="" type="checkbox"/> Snacks		Other/Specify: _____		
<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		_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event _____		
<input checked="" type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u>				

Part II - To be completed by PCTC Personnel

Responsibility Notice Estimate Calculation of Fees: Attach any pertinent paper 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.											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>6/20/24</td> <td>KWK</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	6/20/24	KWK	Billed for Services			Referred to Board			Signature (person in charge of activity) _____ Date: _____	
Action Taken	Date	By												
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Billed for Services														
Referred to Board														

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!**