

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

mf

Part I - To be completed by organization requesting building utilization

Date(s) 10/24/2024		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday				June 10, 2024
Event Time(s) 5:30-7:30 pm		1:00	8:00	Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer All Member Advisory Committees Board Dinner/Meeting		Number of Persons Attending Meeting 225		Cafeteria then various labs
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Clay Frye		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access <input type="checkbox"/> Luncheon <input checked="" type="checkbox"/> Dinner		attached: _____ (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery _____ Other/Specify: Dinner arrangements will be made with Jason Fortman as event 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 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.

Signature (person in charge of activity)

Date: _____

Action Taken	Date	By
Approved and Booked	<i>6/20/24</i>	<i>mf/c</i>
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!