

# 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) <u>Aug 21<sup>st</sup>, Oct 17<sup>th</sup></u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>5-10 pm</u>		<u>4:30</u>	<u>10:00 pm</u>	<u>5/22/24</u>
Event Time(s)		Room(s) / Area Requested:		
Name of Organization and Event Being Held		Number of Persons Attending Meeting		<u>C109 Community Room</u>
<u>O'Reilly Auto Parts RealWorld Training</u>				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>J.R. Traisoff</u>		Business Name: _____		
Phone Numbers: Home: <u>419 989-1393</u>		Contact Person: _____		
Work: _____ Cell: <u>419 989-1393</u>		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Tables <input checked="" 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 checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Other/Specify: <u>Food ??</u>		
		<u>called to confirm dates 5/23/24 KLD</u>		
		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	<u>5/23/24</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

[Signature]  
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!