

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>1/28/25-1/29/25</u>		Set Up Time	Tear Down Time	Date Request Submitted June 10, 2024
Activity: Day(s) <u>Tues. & Weds.</u>				Room(s) / Area Requested: Community Room, DLTC, Arena, Lunch Overflow for Bus Driver Hospitality
Event Time(s) <u>all day</u>				
Name of Organization and Event Being Held Sophomore Visitation		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		If specific room setup needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks		Other/Specify: _____		
<input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks		<u>Chairs around perimeter of Community Room,</u> <u>Two tables set up in front of windows w/chairs,</u> <u>middle screen down arena - 250 chairs set up</u>		
<input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast		Date of contact with Cafeteria/Culinary Arts Services if used for this event _____		
<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) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent paper	
Rental	\$0.00
Custodial Services	0.00
Food Services	0.00
Other	
Total Fee Estimate	\$0.00

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.

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

Any and all information on this form may be shared with the public through our publicly accessed calendar.

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

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

Signature (person in charge of activity) _____
Date: _____