

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) 8/19/24-10/16/24 Activity: Day(s) Mondays through Thursdays Event Time(s) 5:00-9:30 pm	Setup Time	Tear Down Time	Date Request Submitted July 9, 2024
Name of Organization and Event Being Held Adult Ed- 150 Hour Welding Class	Number of Persons Attending Meeting 15		Room(s) / Area Requested: Welding Classroom (W155) and Welding Lab
Address 27 Ryan Road Shelby OH 44875	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: D. Paullin/J. White Phone Numbers: Home: _____ Work: 419 342-1100 Cell: _____	Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____		
PCTC Requested Services: (Identify No. Needed) Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> _____ Chairs _____ Microphone _____ Drinks _____ Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access _____ Dinner For specific room setup, see attached design: (check one) _____ Yes or _____ No	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Food Services Other <p style="text-align: center;">Total Fee Estimate _____</p> Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <p style="text-align: center;">Pioneer CTC</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>7/9/24</td> <td>[Signature]</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	7/9/24	[Signature]	Billed for Services			Referred to Board			<h3 style="text-align: center;">Responsibility Notice</h3> 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. <div style="text-align: center;"> _____ Signature (person in charge of activity) Date: <u>7/9/24</u> </div>
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