

# 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) <b>6/4/2024 through 8/15/2024</b> Activity: Day(s) <b>Tuesdays and Thursdays</b> Event Time(s) <b>5:00 - 9:00 pm</b>	Setup Time	Tear Down Time	Date Request Submitted <b>May 23, 2024</b>
Name of Organization and Event Being Held <b>Summer STNA Classes</b>	Number of Persons Attending Meeting <b>18</b>		Room(s) / Area Requested: <b>Health Assistant Classroom</b>
Address <b>27 Ryan Road Shelby OH 44875</b>			
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)			
Contact Person: <b>D. Paullin/J. White</b>			
Business Name: _____			
Phone Numbers: Home: _____			
Contact Person: _____			
Work: <b>419 342-1100</b> Cell: _____			
Phone Number: _____			
Address: _____			
PCTC Requested Services: (Identify No. Needed)			
_____ Café OR _____ Culinary Arts _____ Microphone _____ Drinks _____ Ovrhd. Proj. _____ Snacks _____ Video Camera _____ Breakfast _____ Video Recorder _____ Luncheon _____ Internet Access _____ Dinner			
If specific hookup/utility needs are required see attached: (check one) <u>    </u> Yes or <u>    </u> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____			
For specific room setup, see attached design: (check one) <u>    </u> Yes or <u>    </u> No 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 ..... <b>Total Fee Estimate</b> _____ 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;"><b>Pioneer CTC</b></p>	<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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>  <div style="text-align: center;">                       _____                      Signature (person in charge of activity)                      Date: <u>6/24/24</u> </div>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Action Taken</th> <th style="width:30%;">Date</th> <th style="width:40%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td style="text-align: center;">5/24/24</td> <td style="text-align: center;">[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	5/24/24	[Signature]	Billed for Services			Referred to Board			<p style="text-align: center;"><b>Thank you for selecting Pioneer for your event!</b></p>
Action Taken	Date	By											
Approved and Booked	5/24/24	[Signature]											
Billed for Services													
Referred to Board													

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.