

# 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>10/24/2024</b>		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <b>Thursday</b>				<b>June 10, 2024</b>																		
Event Time(s) <b>8:25 AM</b>		<b>7:00</b>	<b>9:30</b>	Room(s) / Area Requested:																		
Name of Organization and Event Being Held <b>Jostens Senior Meeting (Grad. Announcements)</b>		Number of Persons Attending Meeting <b>Senior Class 500</b>		<b>Arena</b>																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <b>Jim Conrad</b>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: _____ Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td><u>  </u> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><u>  </u> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td><u>  </u> Snacks</td> </tr> <tr> <td><u>  </u> Chalkboard</td> <td><u>  </u> Video Camera</td> <td><u>  </u> Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td><u>  </u> Video Recorder</td> <td><u>  </u> Luncheon</td> </tr> <tr> <td><u>  </u> Coat Racks</td> <td><u>  </u> Internet Access</td> <td><u>  </u> Dinner</td> </tr> </table>		Room Setup	Electronic	<u>  </u> Café OR	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<u>  </u> Culinary Arts	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<u>  </u> Snacks	<u>  </u> Chalkboard	<u>  </u> Video Camera	<u>  </u> Breakfast	<input checked="" type="checkbox"/> Lectern	<u>  </u> Video Recorder	<u>  </u> Luncheon	<u>  </u> Coat Racks	<u>  </u> Internet Access	<u>  </u> Dinner	attached: (check one) <u>  </u> Yes or <u>  </u> No		
Room Setup	Electronic	<u>  </u> Café OR																				
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<u>  </u> Culinary Arts																				
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<u>  </u> Snacks																				
<u>  </u> Chalkboard	<u>  </u> Video Camera	<u>  </u> Breakfast																				
<input checked="" type="checkbox"/> Lectern	<u>  </u> Video Recorder	<u>  </u> Luncheon																				
<u>  </u> Coat Racks	<u>  </u> Internet Access	<u>  </u> Dinner																				
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery																				
<u>  </u> Yes or <u>  </u> No		Other/Specify: <b>Jim will be doing a PowerPoint - screens down; 2 sections of chairs with center aisle. Mtg. begins approx. 8:30 am after Senior Panoramic Picture</b>																				
		Date of contact with Cafeteria/Culinary Arts Services if used for this event _____																				

**Part II - To be completed by PCTC Personnel**

<b>Responsibility Notice</b>		
Estimate Calculation of Fees: Attach any pertinent paper Rental ..... Custodial Services ..... Food Services ..... Other ..... <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> Upon receipt of invoice, please make check payable to: <p style="text-align: center;"><b>Pioneer CTC</b></p>		
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>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	6/20/24	JAC
Billed for Services		
Referred to Board		
Signature (person in charge of activity)		Date: _____

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!**