

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) 2/13/2025		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday				June 10, 2024
Event Time(s) 6-7:30 pm				Room(s) / Area Requested: all labs
Name of Organization and Event Being Held Second Look Open House			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"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR	attached: _____	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	(check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	Estimated time of arrival at Pioneer for setup/delivery _____	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	Other/Specify: _____	
<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)			Date of contact with Cafeteria/Culinary Arts Services if used for this event _____	
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent paper			Responsibility Notice	
Rental	_____		It is understood that our organization assumes full responsibility for any damage to the building and equipment.	
Custodial Services	_____			
Food Services	_____			
Other	_____			
Total Fee Estimate			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	Signature (person in charge of activity) _____ Date: _____	
Approved and Booked	6/20/24	[Signature]		
Billed for Services				
Referred to Board				

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!