

BLK

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>2/14/2024</u> <u>2025</u>		Set Up Time 7:30 AM	Tear Down Time 1:30 PM	Date Request Submitted August 28, 2024
Activity: Day(s) Monday				Room(s) / Area Requested: Arena
Event Time(s)		Name of Organization and Event Being Held Shelby Rotary Job Shadowing		Number of Persons Attending Meeting 50-60
Address Pioneer		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Vickie Hunt		Business Name: _____		
Phone Numbers: Home: 42921		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Culinary Arts</u> <input type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No)		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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

Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent papers Rental \$0.00 Custodial Services 0.00 Food Services 0.00 Other Total Fee Estimate \$0.00 Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC		
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.		
Action Taken	Date	By
Approved and Booked	8/29/24	<i>[Signature]</i>
Billed for Services		
Referred to Board		
Signature (person in charge of activity)		Date: _____

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building.

Thank you for selecting Pioneer for your event!

Arena Layout

Event Rotary Luncheon Approx. 60 people

Date 10/14/2024 Group Pioneer Career Development

Contact Person Vickie Hunt Phone 42921

X

