

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>7/23/24 & 7/24/24</u> Activity: Day(s) <u>Tuesday & Wednesday</u> Event Time(s) <u>5:00-9:00 pm</u>	Setup Time After School	Tear Down Time	Date Request Submitted <u>July 9, 2024</u> Room(s) / Area Requested: <u>E 114</u>
Name of Organization and Event Being Held First Aid & CPR Training for Summer STNA Students		Number of Persons Attending Meeting <u>14</u>	
Address <u>27 Ryan Road Shelby OH 44875</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>D. Paullin/J. White</u> Phone Numbers: Home: _____ Work: <u>419 342-1100</u> Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____	
PCTC Requested Services: (Identify No. Needed) _____ Café OR _____ Culinary Arts <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic _____ <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> 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) _____ Yes or _____ 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

Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Food Services Other Total Fee Estimate 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>	<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: right;"> Signature (person in charge of activity) Date: <u>7/9/24</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><u>7/9/24</u></td> <td><u>Kr K</u></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	<u>7/9/24</u>	<u>Kr K</u>	Billed for Services			Referred to Board		
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