

# 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>12/19/2024</b>   | Setup Time                                     | Tear Down Time  | Date Request Submitted<br><b>July 9, 2024</b> |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| Activity: Day(s) <b>noon - 8:00pm</b>   | <b>After School</b>                            |   | Room(s) / Area Requested:<br><b>Arena</b>     |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| Event Time(s) <b>5:00-9:30 pm</b>   |  |   |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| Name of Organization and Event Being Held<br><b>Adult Ed December Graduation</b>  |  | Number of Persons Attending Meeting<br><b>Unsure - 350 ish</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: _____   |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| PCTC Requested Services: (Identify No. Needed)  |  | Address: _____  |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td><input type="checkbox"/> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Dinner</td> </tr> </table> |  | <input type="checkbox"/> Room Setup   | <input type="checkbox"/> Electronic           | <input type="checkbox"/> Café OR | <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | <input type="checkbox"/> Drinks | <input type="checkbox"/> Chalkboard | <input type="checkbox"/> Video Camera | <input type="checkbox"/> Snacks | <input type="checkbox"/> Lectern | <input type="checkbox"/> Video Recorder | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Luncheon |  |  | <input type="checkbox"/> Dinner | If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No |  |
| <input type="checkbox"/> Room Setup   | <input type="checkbox"/> Electronic            | <input type="checkbox"/> Café OR  |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| <input checked="" type="checkbox"/> Chairs  | <input checked="" type="checkbox"/> Microphone | <input type="checkbox"/> Culinary Arts  |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| <input type="checkbox"/> Tables   | <input type="checkbox"/> Ovrhd. Proj.          | <input type="checkbox"/> Drinks   |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| <input type="checkbox"/> Chalkboard   | <input type="checkbox"/> Video Camera          | <input type="checkbox"/> Snacks   |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| <input type="checkbox"/> Lectern  | <input type="checkbox"/> Video Recorder        | <input type="checkbox"/> Breakfast  |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| <input type="checkbox"/> Coat Racks   | <input type="checkbox"/> Internet Access       | <input type="checkbox"/> Luncheon   |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
|   |  | <input type="checkbox"/> Dinner   |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
| For specific room setup, see attached design: (check one)<br><input type="checkbox"/> Yes or <input type="checkbox"/> No  |  | Estimated time of arrival at Pioneer for setup/delivery:<br>_____                       |   |                                  |  |  |  |                                 |                                       |                                 |                                     |                                       |                                 |                                  |   |                                    |                                     |  |                                   |  |  |                                 |   |  |
|   |  | 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 .....  |             |           |
| <b>Total Fee Estimate</b> _____  |             |           |
| <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. |             |           |
| Upon receipt of invoice, please make check payable to:<br><b>Pioneer CTC</b>             |             |           |
| <b>Action Taken</b>  | <b>Date</b> | <b>By</b> |
| Approved and Booked  | 7/9/24      | JK        |
| Billed for Services  |             |           |
| Referred to Board  |             |           |

## Responsibility Notice

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.**

\_\_\_\_\_  
 Signature (person in charge of activity)

Date: 7/9/24

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.

**Thank you for selecting Pioneer for your event!**