

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

AA

Part I - To be completed by organization requesting building utilization

Date(s) 30-Sep-24		Setup Time 8:00am	Tear Down Time 3:30pm	Date Request Submitted September 5, 2024																												
Activity: Day(s) 1				Room(s) / Area Requested: Arena and Pioneer Room																												
Event Time(s) 10:00am-3:00pm																																
Name of Organization and Event Being Held PACE (Adult Ed) Conference		Number of Persons Attending Meeting 50																														
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																														
Contact Person: Don Paullin		Business Name: _____																														
Phone Numbers: Home: _____		Contact Person: _____																														
Work: _____ Cell: _____		Phone Number: _____																														
PCTC Requested Services: (Identify No. Needed)		Address: _____																														
<table border="0"> <tr> <td></td> <td><u> </u> Café</td> <td>OR</td> <td></td> </tr> <tr> <td><u> </u> Room Setup</td> <td><u> </u> Electronic</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><u> </u> Drinks</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td><u> </u> Snacks</td> <td></td> </tr> <tr> <td><u> </u> Chalkboard</td> <td><u> </u> Video Camera</td> <td><u> </u> Breakfast</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td><u> </u> Video Recorder</td> <td><input checked="" type="checkbox"/> Luncheon</td> <td></td> </tr> <tr> <td><u> </u> Coat Racks</td> <td><input checked="" type="checkbox"/> Internet Access</td> <td><u> </u> Dinner</td> <td></td> </tr> </table>			<u> </u> Café	OR		<u> </u> Room Setup	<u> </u> Electronic	<input checked="" type="checkbox"/> Culinary Arts		<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<u> </u> Drinks		<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	<input checked="" type="checkbox"/> Luncheon		<u> </u> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<u> </u> Dinner		If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____		
	<u> </u> Café	OR																														
<u> </u> Room Setup	<u> </u> Electronic	<input checked="" type="checkbox"/> Culinary Arts																														
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<u> </u> Drinks																														
<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	<input checked="" type="checkbox"/> Luncheon																														
<u> </u> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<u> </u> Dinner																														
For specific room setup, see attached design: (check one) <u> </u> Yes or <u> </u> No		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 _____

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:
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	9/6/24	JK
Billed for Services		
Referred to Board		

Signature (person in charge of activity)
Donald Paullin

Date: 9/5/24

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!