

# 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

<b>Activity:</b> Date(s) <u>2/19/24; 3/18/24; 4/15/24; 5/20/24; 6/17/24; 7/15/24; 8/19/24; 9/16/24; 10/21/24; 11/18/24; 12/16/24</u> Day(s) <u>3rd Monday of each month</u> Event Time(s) <u>6:00 PM</u>	Setup Time	Tear Down Time	Date Request Submitted  <b>January 29, 2024</b>																					
Name of Organization and Event Being Held <b>2024 Board of Education Meetings - February through December 2024</b>	Number of Persons Attending Meeting <b>18 - 20</b>	Room(s) / Area Requested: <b>Board Office Conference Room</b>																						
Address  Contact Person: <u>Mindy Owen</u> Phone Numbers: Home: _____ Work: <u>42101</u> Cell: _____	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																							
PCTC Requested Services: (Identify No. Needed)  <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td><input checked="" type="checkbox"/> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" 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 checked="" type="checkbox"/> Luncheon</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input checked="" type="checkbox"/> Café OR	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Culinary Arts	<input checked="" 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 checked="" type="checkbox"/> Luncheon			<input checked="" type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input 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: _____		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input checked="" type="checkbox"/> Café OR																						
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## 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	<u>1/29/24</u>	<u>KWK</u>
Billed for Services		
Referred to Board		

*Mindy Owen*  
Signature (person in charge of activity)

Date: 1/29/24

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!**