

Building Utilization Request



Pioneer Career and Technology Center

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

[Handwritten initials]

Part I - To be completed by organization requesting building utilization

Date(s) 10/3/2024		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) Thursday				June 10, 2024																		
Event Time(s) 10:45-12:00		8:00	12:30	Room(s) / Area Requested:																		
Name of Organization and Event Being Held October Principals Meeting		Number of Persons Attending Meeting 30		Pioneer Room																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Tina Hurst, ext. 42200		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work _____ Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td>Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td>_____ Microphone</td> <td>_____ Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>_____ Ovrhd. Proj.</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td>_____ Video Recorder</td> <td>_____ Luncheon</td> </tr> <tr> <td>_____ Coat Racks</td> <td>_____ Internet Access</td> <td>_____ Dinner</td> </tr> </table>		Room Setup	Electronic	Café OR	<input checked="" type="checkbox"/> Chairs	_____ Microphone	_____ Culinary Arts	<input checked="" type="checkbox"/> Tables	_____ Ovrhd. Proj.	_____ Snacks	_____ Chalkboard	_____ Video Camera	_____ Breakfast	<input checked="" type="checkbox"/> Lectern	_____ Video Recorder	_____ Luncheon	_____ Coat Racks	_____ Internet Access	_____ Dinner	attached: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery _____ Other/Specify: Culinary will provide luncheon; details confirmed with Chef as event approach Please put tables in "U" shape		
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		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 paper 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		<p align="center">Responsibility Notice</p> 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.												
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>6/20/24</td> <td>JAK</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	6/20/24	JAK	Billed for Services			Referred to Board			Signature (person in charge of activity) _____ Date: _____	
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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!**