

JSU

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) 4/2/2025		Setup Time day before	Tear Down Time 10:45	Date Request Submitted June 10, 2025
Activity: Day(s) Wednesday				Room(s) / Area Requested: Community Room
Event Time(s) 9:00-10:30 am		Name of Organization and Event Being Held April Principals Meeting		Number of Persons Attending Meeting 20
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: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Room Setup	<u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<u>Cafeteria ro provide coffee/water please. One table and chair next to the door.</u>		
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<u>Please put tables in "U" shape with podium and open end at the east end of room</u>		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder			
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

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

Action Taken	Date	By
Approved and Booked	6/20/24	JMK
Billed for Services		
Referred to Board		

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: _____

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!