

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) <u>10/15/2024-10/16/2024</u>		Setup Time 7:00	Tear Down Time 2:35	Date Request Submitted June 10, 2024
Activity: Day(s) <u>Tues. & Weds.</u>				Room(s) / Area Requested: Program Labs/Adm. Conf. Room
Event Time(s) <u>7:30-2:30</u>				
Name of Organization Lab Picture Days		Number of Persons Attending Meeting		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Tina Hurst, ext. 42200</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	attached: (check one) <u>Yes</u> or <u>No</u>	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery _____	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	Other/Specify: <u>Photo staff will use the Admin. Conf. Room as their "home base" while taking pics of labs</u>	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon	Date of contact with Cafeteria/Culinary Arts Services if used for this event _____	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>x No</u>				

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.		
Signature (person in charge of activity) _____ Date: _____		
Action Taken	Date	By
Approved and Booked	<u>6/20/24</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

Thank you for selecting Pioneer for your event!

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.