

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) March 2, 2021		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday		12:45 PM	1:45 PM	February 26, 2021
Event Time(s) 1:00 am to 1:40pm				Room(s) / Area Requested:
Name of Organization and Event Being Held Practice for SkillsUSA Virtual Meeting Pioneer SkillsUSA Officer Team		Number of Persons Attending Meeting Max 18		Community Room C109
Address Pioneer SkillsUSA W123		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Christi Smith		Business Name: N/A		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42987 Cell: 419 571-3525		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Front facing seats, Spaced for Social Distance <u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check <u>Yes</u> or <u>No</u>)		
<input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks		Other/Specify: _____		
Chalkboard _____ Video Camera _____ Breakfast		_____		
<input checked="" type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon		_____		
Coat Racks <input checked="" type="checkbox"/> Internet Access _____ Dinner		_____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u> Seating chart will be submitted ~October 26		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 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			Responsibility Notice 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	Christi Smith Signature (person in charge of activity) Date: 2/26/2021		
Approved and Booked	3/1/2021				
Billed for Services					
Referred to Board					

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!