

# 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) <b>July 14, 2021 &amp; July 15, 2021</b>		Setup Time	Tear Down Time	Date Request Submitted <b>May 24, 2021</b>
Activity: Day(s) <b>Wednesday &amp; Thursday</b>				
Event Time(s) <b>2:30PM-9:00PM</b>				Room(s) / Area Requested: <b>W133 &amp; W135 Medical Technologies Lab and Classroom</b>
Name of Organization and Event Being Held <b>State Tested Nurse Aide Practice Day and State Test</b>		Number of Persons Attending Meeting <b>14</b>		
Address <b>27 Ryan Road Shelby OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>D. Paullin/J. Eldridge/J. Cooper</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>419 342-1100</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u> <input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>		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 .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	5/2/2021	JLB
Billed for Services		
Referred to Board		

### 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.**

*Jessica Cooper*  
Signature (person in charge of activity)

Date: 5/25/2021

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!**