

# 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>Jan. 21 (snow: Feb. 11)</b>		Setup Time	Tear Down Time	Date Request Submitted <b>January 4, 2021</b>
Activity: Day(s) <b>Thurs. and Thurs.</b>				Room(s) / Area Requested: <b>Community Room all day, including for lunch</b>
Event Time(s) <b>All day</b>				
Name of Organization and Event Being Held <b>Career Development of Pioneer CTC Girls' Non-trad Day</b>		Number of Persons Attending Meeting <b>12 or fewer visitors</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Jim Sorenson (V. Hunt)</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>42922</b> Cell: <b>419 6850216</b>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed) <b>* social distance</b> Café OR <b>Room Setup</b> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Culinary Arts</u>		Address: _____		
<b>14</b> Chairs <b>*</b> Microphone <b>14</b> Drinks		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input checked="" type="checkbox"/> Tables <b>*</b> Ovrhd. Proj. Snacks		Estimated time of arrival at Pioneer for setup/delivery: _____		
Chalkboard Video Camera Breakfast		Other/Specify: _____		
Lectern Video Recorder <b>14</b> Luncheon		_____		
<input checked="" type="checkbox"/> Coat Racks Internet Access Dinner		_____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>January 4, 2021</b>		

### Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.

Rental ..... \_\_\_\_\_

Custodial Services ..... \_\_\_\_\_

Food Services ..... **72.00**

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	1/5/2021	WJH
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 maintenance of the building utilization areas of the school.

### 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.**

Signature (person in charge of activity)

Date: \_\_\_\_\_

**Thank you for selecting Pioneer for your event!**