

# 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>March 4, 2021</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Thursday</b> <i>QM</i>				<b>February 10, 2021</b>
Event Time(s) <b>9:10 am to 10:10 am</b>		<b>8:30 AM</b>	<b>1:35 PM</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>SkillsUSA Virtual Meeting Pioneer SkillsUSA Officer Team</b>		Number of Persons Attending Meeting <b>Max 18</b>		<b>Community Room C109</b>
Address <b>Pioneer SkillsUSA W123</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Christi Smith</b>		Business Name: <b>N/A</b>		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>ext 42987</b> Cell: <b>419 571-3525</b>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Front facing seats, Spaced for Social Distance <u>Café</u> OR		If specific hookup/utility needs are required see attached:		
<u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>		(check one) <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		_____		
_____ Chalkboard _____ Video Camera _____ Breakfast		Other/Specify: _____		
<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)		Date of contact with Cafeteria/Culinary Arts Services		
Seating chart will be submitted		if used for this event: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No ~October 26				

### 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**

Action Taken	Date	By
Approved and Booked	<i>2/10/2021</i>	<i>WFB</i>
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.**

Christi Smith

Signature (person in charge of activity)

Date: *2/10/2021*

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!**