

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) 5/26/2022		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) Thursday				March 10, 2022																		
Event Time(s) 5:30pm		4:30pm	7:30pm	Room(s) / Area Requested:																		
Name of Organization and Event Being Held Adult Education Graduation Ceremony		Number of Persons Attending Meeting 150		Arena																		
Address 27 Ryan Road Shelby OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: D. Paullin/J. Eldridge		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: 419 342-1100 Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td>## Chairs 1</td> <td>Microphone</td> <td>Drinks</td> </tr> <tr> <td>Tables</td> <td>Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks 1</td> <td>Internet Access</td> <td>Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	## Chairs 1	Microphone	Drinks	Tables	Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	Breakfast	Lectern	Video Recorder	Luncheon	Coat Racks 1	Internet Access	Dinner	If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
## Chairs 1	Microphone	Drinks																				
Tables	Ovrhd. Proj.	Snacks																				
Chalkboard	Video Camera	Breakfast																				
Lectern	Video Recorder	Luncheon																				
Coat Racks 1	Internet Access	Dinner																				
For specific room setup, see attached design: (check one) Yes or No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																				

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

Action Taken	Date	By
Approved and Booked	3/10/22	JK
Billed for Services		
Referred to Board		

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.

Julie Eldridge
Signature (person in charge of activity)

Date: **3/10/22**

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!