

# 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) <u>5/6/2021</u> <u>2022</u>		Setup Time  <b>8:00</b>	Tear Down Time  <b>2:30</b>	Date Request Submitted  <b>June 14, 2021</b>
Activity: Day(s) <b>FRIDAY, Setup on Thurs. 5/5</b>				Room(s) / Area Requested:  <b>ARENA</b>
Event Time(s) <b>8:45 am &amp; 12:45 pm</b>				
Name of Organization <b>Senior Moments Ceremony</b>		Number of Persons Attending Meeting  <b>500 each</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Stud. Counc. Adv.</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	_____ Drinks		
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____ Snacks		
_____ Chalkboard	_____ Video Camera	_____ Luncheon		
<input checked="" type="checkbox"/> Lectern	_____ Video Recorder	_____ Dinner		
_____ Coat Racks	_____ Internet Access			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input checked="" type="checkbox"/> Yes or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: <b>*set up all chairs</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>Responsibility Notice</b>  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.  Signature (person in charge of activity) _____ Date: _____
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	<u>8/24/21</u>	<u>[Signature]</u>	
Billed for Services			
Referred to Board			

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

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.