

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) 5/12/2022		Setup Time	Tear Down Time	Date Request Submitted April 28, 2022
Activity: Day(s) Thursday				Room(s) / Area Requested: W121A-Media Room Computer Room
Event Time(s) 8:30am-11am				
Name of Organization and Event Being Held High School-Proctoring Medical Technology students for EKG Certification		Number of Persons Attending Meeting 6		
Address 27 Ryan Road Shelby OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: J.Eldridge		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 419 342-1100 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</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"/> Yes or <input type="checkbox"/> No		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: _____		
		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	_____
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	4/28/22 [Signature]
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.

Julie Eldridge
Signature (person in charge of activity)

Date: 4/28/2022

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!