

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>5/16-5/17-5/18 & 5/19/2022</u>		Setup Time	Tear Down Time	Date Request Submitted <u>5/11/2022</u>
Activity: Day(s) <u>Monday thru Thursday</u>				Room(s) / Area Requested:
Event Time(s) <u>2:25pm-4:00pm</u>				
Name of Organization and Event Being Held <u>Pioneer CTC Health Assistant Lab</u>		Number of Persons Attending Meeting <u>10-Apr</u>		<u>W129</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Terri Crain</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>419-3</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Café</u> OR <u>Culinary Arts</u> Room Setup Electronic _____ <u>Chairs</u> <u>Microphone</u> <u>Drinks</u> <u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____		
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 _____		

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	\$0.00
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	<u>5/12/22</u> <u>KTC</u>

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.