

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

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Part I - To be completed by organization requesting building utilization

Date(s) May 25, 2022		Set Up Time	Tear Down Time	Date Request Submitted May 13, 2022
Activity: Day(s) Wednesday				Room(s) / Area Requested: Mrs. Crain's Lab <i>W129</i>
Event Time(s) 0800 - 1800				
Name of Organization and Event Being Held Nurse Aide Training Testing		Number of Persons Attending Meeting 17		
Address Pioneer		Services to be provided by outside person(s)/vendors		
Contact Person: Dawn Roberts		Business Name _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work _____ Cell: 419 512-4140		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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		attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this even _____		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent pa	
Rental	\$0.00
Custodial Service.....	0.00
Food Services.....	0.00
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	<i>5/14/22</i> <i>[Signature]</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 o \$ _____ 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.

Dawn E Roberts
Signature (person in charge of activity)
Date: *13 May 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

Thank you for selecting Pioneer for your event!