

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>5/25/2022</u> | | Tear Down Time | Date Request Submitted <u>5/20/2022</u> |
| Activity: Day(s) <u>Wednesday</u> | | | |
| Event Time(s) <u>8am-5pm</u> | | | |
| Name of Organization and Event Being Held | | Number of Persons Attending Meeting <u>17</u> | <u>W121A</u> |
| Health Assistant | | | |
| 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>###</u> Cell: _____ | | 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 | | If specific hookup/utility needs are required see 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 type="checkbox"/> No | | 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 | | 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. |
| Action Taken | Date | By |
| Approved and Booked | <u>5/20/22</u> | <u>TC</u> |

terri.crain@pioneerctc.org