

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

Activity: Date(s) <u>9/20-10/18-11/15-12/20-1/17-2/21-3/20-4/17-5/15</u> Day(s) _____ Event Time(s) <u>2:30pm</u>	Setup Time _____ Tear Down Time _____	Date Request Submitted <u>May 17, 2023</u> Room(s) / Area Requested: <u>Cafeteria</u>
Name of Organization and Event Being Held <u>EAP</u>	Number of Persons Attending Meeting <u>40</u>	
Address _____	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____	
Contact Person: <u>Jenifer Stewart</u> Phone Numbers: Home: _____ Work: _____ Cell: _____	Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____	
PCTC Requested Services: (Identify No. Needed) <u>Café</u> OR <u>Culinary Arts</u> Room Setup Electronic _____ <input checked="" type="checkbox"/> Chairs _____ Microphone _____ Drinks <input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access _____ Dinner For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	If specific hookup/utility needs are required see attached: (check <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: <u>Pioneer CTC</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.												
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td><u>5/23/23</u></td> <td><u>K-K</u></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	<u>5/23/23</u>	<u>K-K</u>	Billed for Services			Referred to Board			Signature (person in charge of activity) <u>Jenifer Stewart</u> Date: <u>5/19/23</u>
Action Taken	Date	By											
Approved and Booked	<u>5/23/23</u>	<u>K-K</u>											
Billed for Services													
Referred to Board													

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!

Revised 07/15