

Text to Mrs. Barr 9-11-20 3:25 pm  
copy

## 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) <b>9/13 - 9/17 2020</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Sunday - Thursday</b>			<b>September 10, 2020</b>
Event Time(s) <b>3:00 - 9:00 pm</b>	<b>3:00</b>	<b>9:00</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Nurse Aide Clinical - Please see attached paper for details.</b>	Number of Persons Attending Meeting <b>6 - 8 Students</b>		<b>Med Tech Lab W135</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Dawn Roberts</b>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: <b>419 347-7744</b> Cell: <b>419 512-4140</b>		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Estimated time of arrival at Pioneer for setup/delivery: _____	
<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	
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input type="checkbox"/> Yes or <input type="checkbox"/> No			

### 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	9/11/2020	WLB
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.**

*Dawn Roberts*  
Signature (person in charge of activity)

Date: *10 Sep 2020*

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!**

Sunday - 9/13 will be from 4-10 since we  
can't get into the building until 4

Monday - 9/14 will be from 3-7 and we  
will be out of Med Tech by

Wed 9/16 5:15 when adult ed starts.

We will go to dental and  
will wipe down everything prior  
to leaving.

Tue 9/15 we will be here from 3-9  
in Med Tech.

Thu 9/17

Students will have to use the restrooms  
because we use the lab bathroom  
with skills training.

They will not leave W/35 otherwise.