

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>17-May</u>		Date Request Submitted Feb. 17, 2022
Activity: Day(s) <u>Tuesday</u>		Room(s) / Area Requested: All of Cafeteria
Time(s) <u>8:30 to 9:30</u>		
Name of Organization Career Development: Table Tops breakfast	Number of Persons Attending Meeting 70	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <u>Vickie Hunt</u>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: <u>42921</u> Cell: _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	____ Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	____ Snacks
____ Chalkboard	____ Video Camera	____ Luncheon
____ Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	____ Internet Access	
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 one) <input type="checkbox"/> Yes or <input type="checkbox"/> No
		Estimated time of arrival at Pioneer for setup/delivery: _____
		Other/Specify: Cafeteria- Provide breakfast
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: February 17, 2022

Part II - To be completed by PCTC Personnel

Responsibility Notice

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	<u>2/28/22</u>	<u>KK</u>
Billed for Services		
Referred to Board		

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.

V. Hunt

Signature (person in charge of activity)

Date: _____

Thank you for selecting Pioneer for your event!